

Time to Tell

The Complexity of Wellbeing from the Perspective of Tweens

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Keywords

Accrued wellbeing, children's; capacity, participation, perspectives, views, wellbeing; involving children, tweens, tween conceptualisations, UNCRC, wellbeing

Abstract

Children's views and opinions on matters of relevance to their lives are infrequently sought, and rarely acted upon. There is an apparent reluctance of adults to seek and include children's perspectives on matters that affect children's lives. Children provide unique insight into various aspects of their lifeworlds that cannot be obtained by objective measures alone, and as such children's informed and personal perspective must not only be collected but also be given due consideration. The dearth of evidence drawn from children's perspectives leads to an incomplete view of how children are faring and the ways adults can better cater for their needs in contemporary society.

An area of increasing focus in national and international discussions centres on ways to improve the health and wellbeing of children. The literature presents wellbeing as a multifaceted and multidimensional issue with relevance across a range of disciplines. However, inconsistencies arise when considering the conceptualisation and definitions of what constitutes wellbeing and how best to address it. A further inconsistency surfaces when considering the wellbeing of children, in that a key perspective, that of the child, remains largely absent. It is perplexing as to why children are not usually consulted on matters that affect their wellbeing. This study considers the notion of wellbeing from the child's perspective in order to both ascertain and demonstrate how children can contribute to the knowledge base of childhood studies.

This thesis presents children's views and opinions on the complex issue of wellbeing to counter the problematised notions of children and their apparent lack of capacity. It presents a way forward for children's views and perspectives to be sought, included and acted upon in all matters that affect them.

Statement of Original Authorship

This thesis contains no material published elsewhere or extracted in whole or part from a thesis by which I have qualified for or been awarded another degree or diploma.

No parts of this thesis have been submitted towards the award of any other degree or diploma in any other tertiary institution.

No other person's work has been used without due acknowledgement in the main text of the thesis.

All research procedures reported in the thesis received the approval of the relevant Ethics Committee (where required) or a relevant safety committee if the matter is referred to such a committee.

Signature: 

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Chapter 1: Introduction

The conditions of modern childhood, while no less complex than those of previous generations, is an area of significant scrutiny. With a range of pressures impacting on children's contemporary lives, there is increased focus on how individuals and communities can improve the wellbeing of children. However, such scrutiny is predominated by views and opinions of what *adults* consider are in the 'best interests' of children. The inclusion of children's input into discussions surrounding their 'best interests' and other factors broadly relating to their general wellbeing have only recently received acknowledgement in some disciplines. This is due, in part, to the ongoing debate about whether children have the capacity to participate throughout the key stages of childhood; early childhood, tween, and teen. Of particular interest to this study are children between the ages of 8 and 12, known as tweens.

Despite national and international treaties that delineate different participatory aspects surrounding children's lives, such as the United Nations Convention on the Rights of the Child [hereafter UNCRC] (United Nations, 1989), how children's participatory rights are interpreted remains heavily debated. Where this is particularly clear is within contexts and spaces (physical, theoretical or metaphorical) that are designed *for* children yet afford children with varying but often limited opportunities to meaningfully and authentically participate. As the only globally recognised and legally binding document that describes children's rights, the UNCRC clearly specifies through Article 12.1 (United Nations, 1989) that 'States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in *all matters affecting the child*, the views of the child being given due weight in accordance with the age and maturity of the child' [emphasis added]. If children have the right to express their views about things that affect them and their lives, then why are their views so rarely represented in mainstream discourse? Of the multiplicity of issues and matters affecting children's lives, there is a noticeable absence of children's perspectives, particularly in education and health. This is interesting because these are two areas where children's specific needs and best interests should be at the core, as they are directly relevant to children.

Research and practice that specifically seeks and engages with children's participation is in the minority when compared with the amount of research conducted *about* children with the intention of bettering or improving conditions for children or research conducted *for* children that fails to acknowledge or involve children at all. While it is acknowledged that there is a place in research for investigations about children and childhood that does not directly invite children's participation, it is the author's position that this type of research should be alongside or complementary to research that includes children's perspectives. Children's perspectives and participation through research and practice is characteristically only sought by adults who align with a sociological positioning of childhood (James, 2009; James & Prout, 1990, 1997; Mayall, 1999, 2002, 2013; Oswell, 2013; Smith, 2007a; Smith, Cowie & Blades, 2011; Woodrow & Press, 2007; Wyness, 2000) or indeed by those who do not know that they align with a sociological positioning.

Community representations of children's perspectives often reflect a tokenism which may indicate an enduring disregard of children's capacity to contend with complex social issues and matters that affect their lives (Robinson & Taylor, 2013). It remains that in most situations it is adults who continue to decide what is appropriate for children to be involved with, often ignoring the opportunity to invite children to contribute to conversations on matters that affect them. The infrequency with which children's perspectives are sought on complex issues reflects a positioning where children may not be considered to have the capacity to contribute meaningfully to discussions about adult-driven child matters, particularly in education (Lundy, 2007; Robinson & Taylor, 2013). This concept of 'adultism' where children are viewed as "naturally 'less' than adults ... in a state of becoming (adults), rather than being seen as complete and identifiable persons" (Hendrick, 2008, p.42) can be used to explain why children may be positioned in this way in dominant western constructions of childhood.

Background

The idea of listening to children in education is not new and has existed at least since the works of John Dewey (Dewey, 1902, 1916), yet the notion that children's perspectives are *valuable* remains widely contested. With a few exceptions, the inclusion of children's perspectives on both the trivial and important matters that affect their lives remain absent from mainstream discussions, policies and provisions that are designed for children. Even

when it is recognised that adults *should* seek children's perspectives, it does not guarantee that such consultation will occur, or that adults will have the requisite skills to engage with children. When it comes to decision making, children are frequently and superficially characterised in terms of their capacity. Often, adults with decision-making capabilities position children as needing to reach capacity in order to be included, particularly when aligning with a developmental position of childhood (Burman, 2008). The default position for considering the extent to which children *have* capacity is often predicated by beliefs surrounding age and ability (Matthews, 2008, 2009; Smith, Cowie & Blades, 2011). The assumption is that children need to *reach* capacity rather than capacity being something that they already have. The way capacity is defined can serve to empower, enable or stifle children's participation rights. Children as *having* capacity is enshrined within UNCRC (United Nations, 1989, 2009) with early childhood research providing a growing body of evidence supporting young children as having capacity (Dockett & Perry, 2007; Einarsdottir, 2005; Harcourt, 2008, 2009, 2012; Harcourt & Conroy, 2005; Harcourt & Einarsdottir, 2011; Harcourt & Hagglund, 2011, 2012; Messiou, 2008; Phillips, 2010, 2011, 2012).

Until their full capacity is recognised and *accepted* by those adults with the ability to influence change, children's active contribution to policy, provision and matters that affect them will remain limited. Despite evidence of children's capacity in a range of fields, there remains a general reluctance to acknowledge the possibility that children might be able to contribute a perspective on all matters affecting them. Many programs and provisions for children are constructed in the name of 'children's wellbeing', where the various physical, social, intellectual, environmental and psychological needs of children are the focus. Despite the expressed focus on supporting their development, the majority of those whose focus is childhood wellbeing continue to disregard children's potential as contributors.

In order for the full extent of children's capacities to be demonstrated to adults who are sceptical of children's capacity – particularly those directly involved with children, a focused exploration of children's perspectives on a complex and topical issue, such as wellbeing, is necessitated. The concept of wellbeing has received increasing focus in policy and provision particularly as it relates to children and childhood (Ben-Arieh, 2006, 2008; Bradshaw, Hoelscher & Richardson, 2007; Coppock, 2010; Federal Interagency

Forum on Child and Family Statistics, 2012; Land, 2012; UNICEF, 2007, 2013; Watson, 2010; Watson, Emery & Bayliss, 2012).

From a global perspective, the broad term 'wellbeing' is typically accepted as a description of the many interrelated aspects of an individual's life. However, there remains an irony in that wellbeing is inconsistently defined across disciplines and according to the context in which it is considered (Crivello, Camfield & Woodhead, 2009; Dear, Henderson & Korten, 2002; Jones & Sumner, 2009; Watson, 2010). The inconsistency in understandings of wellbeing is exacerbated when attempting to understand children's wellbeing compared with those of adults.

There is an apparent lack of recognition of children's capacity to contribute meaningfully to conversations and discussions on matters that affect their lives. Once children's capacity is more widely understood, recognised and accepted, their standing and participation will be enhanced and their views and opinions acted upon (Robinson & Taylor, 2007). It may be that adults are unfamiliar with how to engage and interact with children to elicit their perspectives, or maintain a lack of belief in children's capacity to contribute meaningfully to matters that affect their lives, or both, or something else entirely. Perhaps if children's perspectives are communicated more widely, the depth and complexity inherent in children's understandings and level of sophistication in communicating their views on matters that affect them can be more fully recognised (Harcourt, 2008; Milner & Carolin, 1999).

When individual children do demonstrate a high level of capacity, their actions are sometimes considered exceptional rather than normal. This notion of exceptionality is often used by adults to justify why children's perspectives are not acknowledged as a matter of course. Such a positioning of children's perspectives is perpetuated through the media to further support the notion that insightful commentary by children is the exception rather than the rule (Sargeant, 2012, 2014). Demonstrating, through the voices of many children, their capacity to conceptualise a complex social issue such as wellbeing will aid in confirming most children's ability to be capable informants on matters that affect them.

Children and wellbeing

Societal pressures and world issues beyond childhood are now penetrating into the preadolescent domain, where young people already have to contend with the physiological, emotional, social and educational imperatives of adolescence. The prevalence and emergence of these societal pressures and world issues have resulted in an increased focus in wider society on the notion of 'wellbeing'. Much of the current focus on children's wellbeing is on social and emotional elements (Hallam, 2009; Humphrey, Lendrum & Wigelsworth, 2010; Humphrey et al., 2008; Queensland Government, 2008; Urbis, 2011; Watson, 2010). Many other aspects incorporated in the name of children's wellbeing are not related to the physical health of the nation, but are potential threats to the social, emotional and psychological health of its children.

The link between physical and emotional health has been made in a range of research including those by Fraillon (2004), Hattie, Myers and Sweeney (2004), Hill (2004), Keyes and Lopez (2002), La Placa, McNaught and Knight (2013), Pollard and Lee (2003), Ryff and Singer (1998), Schickler (2005) and Urbis (2011). While wellbeing is sometimes considered an emotional state, the long-term benefits of wellbeing enhancement and health prevention in childhood contributes to preventing the physical breakdown of an individual at a later stage in life. The focus on children's wellbeing is therefore justified in its preventative intent. However, a complete picture of a child's wellbeing is yet to be realised due to the absence of children's direct account of their own experiences in programs and provisions currently available that centre on their socio-emotional wellbeing, health and safety (Queensland Government, 2008) or the *Social Emotional Aspects of Learning* [SEAL] (Farrell, 2008; Hallem, 2009; Humphrey, Lendrum & Wigelsworth, 2010; Queensland Government, 2008; Watson, 2010). The assumption is that children's socio-emotional wellbeing is threatened. However, children may be 'doing better', coping better as well as dealing with and responding to issues more effectively, than they are given credit for. To find out how children understand and experience wellbeing, it is imperative that children's perspectives, conceptualisations and definitions of wellbeing are sought.

While there is a call for a more inclusive approach to children's wellbeing, including the need to seek children's perspectives on these and other related issues (Australian Research

Alliance for Children and Youth [ARACY], 2010; Coppock, 2010; Mashford-Scott, Church & Tayler, 2012; Sargeant, 2005; Watson, 2010), very little research has actually done so – particularly with preadolescent children (Adams, 2012; Fattore, Mason & Watson, 2007, 2009; Mashford-Scott, Church & Tayler, 2012; NSW Commission for Children and Young People, 2009). From this, a few requirements emerge. A determination of *how* children of tween age conceptualise wellbeing will yield additional insight into children's wellbeing from their perspectives. It can also be considered, either from the children's conceptualisations or through their formal definitions of wellbeing, how their capacity is demonstrated and proven.

Tween children's perspectives are important as they provide information that is currently absent from what is known about wellbeing for children in general. Furthermore, tween children's perspectives may assist in determining whether the wellbeing policies and provisions in place are adequate and suitable in meeting their expressed wellbeing needs. Seeking the perspectives of children offers a reasonably simple addition to the development and evaluation of wellbeing provision designed for children. It is somewhat perplexing, therefore, why this approach has not been taken previously. This omission may be explained, in part, by the varying perceptions of children's capacity held in the wider community.

Parallel to the issue of wellbeing for children is how children's position and capacity are perceived, particularly in the areas of education and health where many of the aforementioned wellbeing programs are designed for implementation. It has been argued in developmental research that children's capacity to contribute to conversations about matters that affect their lives is limited, particularly when compared with adults' (Burman, 2008; Mayall, 2008; O'Kane, 2008; Powell, Graham, Taylor, Newell & Fitzgerald, 2011; Woodhead, 1999; Woodhead & Faulkner, 2008). Developmental positioning of children "inevitably serves to diminish the status of the immature child when measured against adult standards of thinking and reasoning" (Woodhead & Faulkner, 2008, p. 25) and perpetuates a dominant view of children as lacking capacity.

The specific pursuit of children's perspectives is a relatively recent phenomenon in education and psychology, particularly considering how long each of these fields has existed. Other fields such as the social services may have considered the inclusion of

children's perspectives many years prior to the development of the UNCRC (Davie, 1993; Davie & Galloway, 1996; Page & Clark, 1977) particularly when Dewey's work is included (Dewey, 1902, 1916). Within the context of therapeutic practice and the medical model, the need to talk to children is recognised. However, this model of seeking children's perspectives, positioned from a deficit perspective as it is in these areas, presumes there to be limited importance in the communication and dissemination of children's expressed views.

Developmental positioning underlies much educational provision and program design in many mainstream educational systems (Krause, Bochner & Duchesne, 2007; Woolfolk & Margetts, 2013). The concepts behind these developmental theories are frequently used in educational practice as they provide seemingly tangible indicators and norms of 'standard and appropriate' levels of attainment based on various developmental indicators, but they do little to provide children's perspectives on matters affecting them. While the teaching pedagogies implemented in education systems increasingly focus on placing the child at the centre of learning, they have not gone so far as seeking, including and determining children's perspectives on matters that affect their lives when it comes to the development of significant decisions in the school environment such as policy and provision development.

The benefits of including children in pedagogical discourses contribute to demonstrating children's capacity particularly for those who, as mentioned earlier, are either not aware of or do not believe in children's ability to contribute to conversations about adult issues. The information it produces can be used in the evaluation and development of current programs and provisions children that specifically seek to cater for their wellbeing, particularly in education. An additional contribution, beyond the value of seeking children's perspectives and demonstrating their capacity to conceptualise a complex issue such as wellbeing, is in the potential for a clear and consistent definition to emerge. Such information will provide insight and perspective to an area that continues to cause debate across many disciplines that seek a definition.

Investigating how children conceptualise a construct as complex as wellbeing will not only serve to illustrate how children define and conceptualise it but will also add to our current understandings of children's capacity. While children's capacity to engage with

complex ideas may have been established, particularly in early childhood research, their views and opinions are yet to be accepted in the mainstream. Despite the UNCRC (United Nations, 1989) stating that all children under the age of 18 have the right to participate in decision-making in matters that affect them (Article 12.1) and in ways of their choosing (Article 13) where their capacity should be assumed rather than proven (United Nations, 2009), it is not standard practice. Seeking children's perspectives on a complex construct such as wellbeing provides additional evidence of 'why children should' and 'how children can' be included in decision-making about matters that affect them.

About this research

The purpose of this research is to demonstrate the merits of consulting with children, and will ascertain the extent to which children conceptualise and make meaning of the idea of wellbeing. By focusing on this area of acknowledged complexity, insights into children's perspectives will add to the weight of evidence that consulting with children on matters that affect them is not a fruitless task. This research will demonstrate how consulting with children can be achieved as a regular part of education and life that is neither difficult nor tokenistic.

This study seeks to explore how children aged between 8 and 12 years of age conceptualise and define the complex topic of wellbeing, and whether they conceptualise it in a way that invites those in the adult community to recognise their capacity to present an informed perspective on matters directly relating to their context. Such perspectives, and more notably adult recognition of tweens' capacity, are currently lacking. While there has been some research that explores children's capacity to engage with ideas of varying complexity (Einarsdottir, 2005; Harcourt, 2008, 2012; Harcourt & Conroy, 2005; Harcourt & Hagglund, 2011, 2012; Messiou, 2008; Phillips, 2010, 2012) these and other such conceptualisations by children are only beginning to gain consideration and integration within *early childhood* settings and policy in an Australian context.

The demarcation of the tween group (8 to 12 year olds), has only recently emerged as a subsection of childhood. While there is considerable research on early childhood and adolescence, the emerging interest on tweens is not yet widely reflected in either literature or provisions for children except in the consumer literature where tweens are considered

a powerful consumer group (El-Bassiouny, Taher & Abou-Aish, 2008; Sargeant 2007, 2008, 2010, 2012). The opportunity, flexibility and ability for consultation by adults inherent within the early childhood settings are diminished as children progress through the schooling years, due to the competing priorities of formalised educational settings.

This research is underpinned by the sociology of childhood (James & James, 2004, 2009, 2012; James, Jenks & Prout, 1998; Jenks, 2005; Mayall, 2002, 2013; Oswell, 2013; Qvortrup, 2009; Wyness, 2000, 2012), and positions children as capable and competent protagonists in their own lifeworlds. The children's views and opinions presented in this research have been gathered using qualitative techniques within an interpretive paradigm utilising a hermeneutic frame of analysis. Upon reviewing the literature, the key gaps can be best represented through an exploration of historical conceptualisations of childhood – from the 'beginning' of childhood, through the developmental movement leading to the positioning of children for this research with the sociology of childhood. The notion of wellbeing is also explored across the disciplines involved in the various discussions about its meaning, as relevant for children, and serves to underlie and contextualise the project.

Need for this research

The opportunities for children's voices and participation in decision-making for matters that affect them are limited, not because they lack the capacity to contribute but because outside the research conducted within the sociology of childhood, adults tend to focus only on children's perspectives on matters of limited consequence (Franklin, 2002; Saraga, 1998; Smith 2011a). Researchers aligning with perspectives within the sociology of childhood (James & James, 2004, 2009, 2012; James, Jenks & Prout, 1998; Jenks, 2005; Mayall, 2002; Qvortrup, 2009; Wyness, 2000, 2012) present various aspects of children's agency, power and position in contemporary society and highlight problems with the ways children are predominantly conceptualised. More needs to be done to convince adults in child-related professions that children's perspectives can add valuable insight to various aspects of their lifeworlds and should be sought, listened to, and acted upon by the wider adult community.

To do this, evidence that demonstrates children's capacity as capable informants on matters that affect them, communicated in ways that adults will take seriously, needs to be available. The focus of this study is to show *how* children aged between 8 and 12

conceptualise and define the complex social issue of wellbeing. This information will be gathered using qualitative methods and utilising the hermeneutic framework to inform the analysis (Blacker, 1993; Patterson & Williams, 2002). A hermeneutic approach has been chosen due to the dynamic nature of the knowledge construction and the interpretative relationship between the researcher and participants.

Organisation of the thesis

This thesis has nine chapters arranged as follows:

Chapter one provides an overview of the thesis including purpose, background and structure, as well as briefly summarising the key issues and contributions of the study.

The literature review is outlined over three separate chapters. The first of these (chapter two of the thesis) discusses the developmental movement and the history of childhood. The second (chapter three) discusses the sociology of childhood and provides an overview of the ways children's rights are currently considered and included in an Australian context. The third (chapter four) reviews literature concerning the notion of wellbeing with specific reference to children, and explores the varied conceptualisations and understandings presented across the disciplines of philosophy, health and psychology. The three literature review chapters conclude by presenting the focus questions for this research, which are concerned with conceptualisations of children, their capacities, and their voices.

Chapter five provides a methodological rationale and justification for the choices made about project design, and utilises the key principles of hermeneutics to inform the analysis and interpretation of the research results. This chapter provides an overview of the design, methods and procedure for each stage of the project including formulation and conceptualisation, data collection and analysis, and interpretation.

Chapter six presents the key findings of the project and analyses the implications of the results in relation to how the children who took part in the study process the topic of wellbeing. The commentary and processes the children use to engage with the topic will be used to present these methodological and procedural findings.

Chapter seven presents the key findings of the study with reference to what the children say about wellbeing. It draws upon the key themes identified within the children's conceptualisations, and links these conceptual ideas to the original research question and focus. Examples by way of quotes, drawings, and discussion extracts are provided to support the identification of the key themes.

Chapter eight provides a detailed discussion of the results, with their implications about the experience of wellbeing for the children and of research with children in the future. It explores the key themes identified in the analysis, and discusses the implications for wider society and future research practices.

Chapter nine concludes the thesis by revisiting the research question and key findings revealed in the study. It provides a summary of the research and suggests areas for further investigation and development.

Chapter 2: Historical Perspectives of Childhood and the Developmental Movement

How we think about children is not the same as how we deal with them, though how we think about them does affect how we deal with them in various ways.
(Stables, 2011, p. 1).

Introduction

This chapter begins by exploring the changing views of childhood over time and contemporary notions of children and childhood. This will position the study within current understandings of children and childhood and provide an overview of the history of childhood. The ways previous concepts of childhood have informed existing understandings of how children think and acquire knowledge will also be outlined. The chapter will explore how the perspectives of developmental psychology have influenced the way adults and society perceives and interacts with children. Seminal works and theorists are discussed with specific reference to their contribution to understanding childhood through child development and children's capacity. The chapter will conclude by summarising both the contributions and limitations of developmental theory for understanding children and their capacity.

While the issues and concerns signposted throughout this chapter are drawn from national and international examples, the discussion will focus on the Australian context.

Historical conceptualisations of childhood

Historically, children have been conceptualised in many ways. The distinction between children (as people) and childhood (a theoretical concept) are variably discussed, with many tensions between the terms (Hendrick, 2008). Even within histories of childhood, the approaches to child-rearing and ideas about the 'purpose' of childhood have remained varied. Views range from considering childhood as a time of preparation for adult life where children are considered to be in the process of 'becoming', to recognising childhood as a distinct and worthwhile stage in its own right where children are considered as already 'being' (Christensen & James, 2008; Clark & Moss, 2001; Corsaro,

2011; Harcourt & Einarsdottir, 2011; James & Prout, 1990, 1997; Mayall, 2002, 2008, 2013; Qvortrup, 1994).

Childhood has been considered both a natural phenomenon (Burke, 2008; Burman, , 2008) and a social phenomenon (Jenks, 2005; Mayall, 2008; Smith, 2007a). Within these understandings exist further demarcations, often defined by age-based norms and indicators (Christensen & James, 2008; Hendrick, 2008), legal definitions (United Nations, 1989), biological stages (Rosenfeld & Nicodemus, 2003), social norms, and rites of passage within various cultures. UNCRC (United Nations, 1989, para 13) defines childhood as consisting of “every human being below the age of eighteen years”; this is the definition that will be used to define childhood in this research.

It is necessary to consider critically the history of childhood prior to embarking on research with children, as historical perspectives not only inform current practice but also serve to underlie how children and their capabilities have been conceptualised. As will become apparent, there are many aspects of childhood where more knowledge and adult understanding is required.

The notion of childhood must be situated within a context that is relevant to the place, time and culture of the society that investigates it. Adult perspectives of children throughout childhood show “the child who is familiar to us and yet strange” (Jenks, 2005, p. 3), and while there may be some universal experiences that remain the same across time, each generation’s experience of childhood differs. To understand childhood, two underlying principles must be acknowledged: that childhood is a temporary experience; and that it is a permanent phenomenon. As Corsaro notes,

for the children themselves, childhood is a temporary period. For society on the other hand, childhood is a permanent structural form or category that never disappears even though its members change continuously and its nature and conception vary historically. (2011, p. 4)

Acknowledgement of this paradox may assist in contextualising historical conceptualisations of childhood and illuminate how these views have informed adult perspectives of understanding childhood experiences.

The nature of childhood

Commentary on the history of childhood regularly cites historian Phillipe Aries' *Centuries of Childhood* (1962), in which he asserts that childhood was 'discovered' in the 13th century, and that from this discovery came the need for specific terms to distinguish between the different life stages occurring from birth to seven years of age. Aries (1962) claims it was during the 14th century that the life stage terminology was developed further to include biological phases and social functions. In categorising these stages, Aries distinguished the Age of Toys, Age of School, Age of Love, and Age of War. Examples from art, historical documents, clothing and language were used as evidence to support the idea that children were not recognised as separate to, or largely different from, adults until the 16th century. De Mause (1995) cites Aries' argument as outlining a fundamental change in societies' perspective once childhood was discovered. He writes,

that while the traditional child was happy because he was free to mix with many classes and ages, a special condition known as childhood was 'invented' in the early modern period, resulting in a tyrannical concept of the family which destroyed friendship and sociability and deprived children of freedom. (De Mause, 1995, p. 5)

Aries explains a respect for childhood as emerging near the end of the 16th century, when adults began to censor the information children received in order to protect them. He claims this led to a later focus on morality where discipline and manners were enforced in order for the innocence of childhood and modesty to be upheld throughout the 18th century.

Much of Aries' (1962) work has been criticised for its focus on the aristocratic classes from a single culture. It has been argued that children from poorer families were required to work and did not go through the same historical childhood developments as Aries proposed. Other critiques questioned the reliability of the accounts, and Aries' ignorance of children's basic survival needs and the economic factors of the time (Hendrick, 1992; Montgomery, 2003). Despite these criticisms, Aries' work has contributed to the conceptualisation of childhood as changing across cultures and time (Cunningham, 1998) and to the recognition of the "social significance of children within the family" (Hendrick, 1992, p. 1).

De Mause (1974), who also presents concepts directed towards understanding the nature of childhood, criticises some attempts at describing the history of western childhoods as idealised and “construct[ing] a fictional picture of childhood” (p.4). By contrast, he focuses on the changing family relationships between parent and child. De Mause cites examples of very young children “taking care of adults in very concrete ways” a practice that had occurred “since Roman times” (1995, p. 20). In addition to his focus on familial relationships, De Mause also provides a historical examination of child rearing. He suggests the social status of children progressed from virtual non-citizen from antiquity to the 13th century, to a position of greater citizenship in the 20th century where children’s needs were given more recognition. Figure 1 below presents the author’s summary of De Mause’s (1995) discussion of the history of childhood and child-rearing practices.

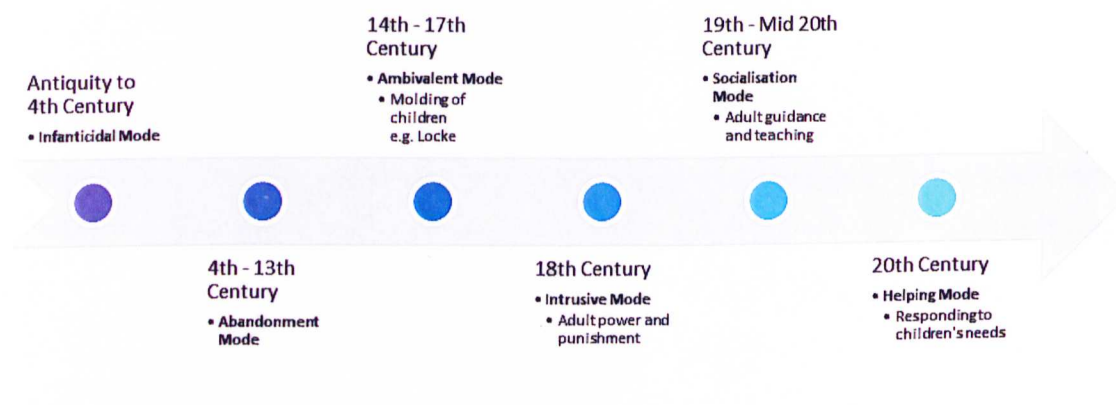


Figure 1. Child rearing practices

De Mause (1995) also focuses on the power dynamic in the parent-child interactions where parental neglect often led to a child’s death. He provides examples of abandonment and physical restraint to illustrate how children were perceived as inherently evil and needing to be controlled and tamed. This view is also echoed in some interpretations of the Bible where the concept of original sin is applied especially to children.

De Mause’s depiction of the nature of childhood draws upon ideas in ‘Thomas Hobbes’ (1588–1679) social contract theory, evidence that childhood has been considered negatively throughout history. Hobbes perceived children as “innately evil ... that children were born unruly and anarchistic and that it was the parents’ responsibility to constrain these traits through discipline” (Montgomery, 2003, p.63). There is evidence that this perspective dominated adult views of childhood in ancient times also: “the Ancient

Greeks associated children with grossness and lewdness, not innocence. Youngsters had to be tamed and educated, but not kept ignorant of sexual realities” (Heins, 2001, p. 15). Male children were deemed ready to transition to adulthood when they reached puberty (Heins, 2001). Prepubescent children held a low status, considered barely human, and rarely had their needs considered or met (Sommerville, 1982). The emergence of Christianity during the 1st century AD (Encyclopaedia Britannica, 2013) aided in altering the general perception of children, as the “helplessness of children, and their ignorance of social convention [was elevated] to a state of grace” (Heins, 2001, p. 16) and therefore in need of adult guidance. Children were increasingly seen as “untamed vessels of depravity and Original Sin” (Heins, 2001, p. 15) as they were seen to be dependent on adults, both to ensure their needs were met (Coles, 1995; Saraga, 1998; Sorin, 2005; Sorin & Galloway, 2006) and to ensure they were trained appropriately to rid them of the sin they were born into.

The view of original sin considered children as having inherited the sins where “the newborn babe is full of the stains and pollution of sin which it inherits from our first parents through our loins” (Allestree, 1676 cited in De Mause, 1995, p. 10). The doctrine of original sin presents children as fundamentally bad from birth, and the purpose of childhood as a time for moral education so they are able to make choices that lead away from evil.

Between the 14th and 17th centuries, an opposing view of the nature of childhood emerged. Locke (1690) proposed the notion of the *tabula rasa* (blank slate), positing childhood as a time where personality, characteristics and morality were developed through experience (Locke, 1690; 1995; Montgomery, 2003; Stables, 2011). Locke proposed that humans were born a blank slate (Locke 1690; Sorin, 2005; Woodhead, 2005), so were moulded and developed based on how they were nurtured, rather than by hereditary elements. He argued that children became good or evil depending on their upbringing and experiences. Rousseau (c.1762) built upon the idea of children being born as blank slates and proposed a view of children as *innately good*: “a child’s heart was angelic and pure at the outset, but this was corrupted by society” (Montgomery, 2003, p.66). This view positioned children as inherently good from birth, becoming their adult self (whether evil or good) through their understanding of moral behaviour that was developed throughout their lifespan (Stables, 2011).

From the perspective of innate goodness, children were seen as in need of protection and education as “we are born weak, we need strength; we are born totally unprovided, we need aid; we are born stupid, we need judgment. Everything we do not have at our birth and that we need when we are grown is given by education” (Rousseau, c. 1762, para. 14). Christian ideas from the Middle Ages (Sorin, 2005) complemented Rousseau’s perspective, where children were seen as “totally innocent of all notions of pleasure and pain” as in order to enter into heaven, “people should become as ‘uncontaminated’ as children, pure, without sexual knowledge” (De Mause, 1995, p. 47). This is further elaborated by Montgomery (2003, p. 66) who emphasises one of the most important features of Rousseau’s work as “understanding that children have a particular nature which should be valued in itself.”

It was from Rousseau’s (c.1762) discussions of childhood that ideas of the purpose of childhood began to change “for the first time in history, [Rousseau] made a large group of people believe that childhood was worth the attention of intelligent adults, encouraging an interest in the process of growing up rather than just the product” (Robertson, 1995, p. 407). Despite differences between Locke and Rousseau’s theories of childhood, both acknowledge “that whatever children are, they are not inadequate or partially formed adults. They have a set of interests and needs that are special and should be recognised as such” (James, Jenks & Prout, 1998, p. 16). Locke’s and Rousseau’s contributions to understanding childhood served to form the basis of understanding childhood as a *distinct* life stage, different from adulthood: that is, children are not partially formed or incomplete adults. This shift in thinking led to new debate on the purpose of childhood: was it a time to prepare for adulthood, a time worthy of independent acknowledgement in its own right, or both? The key ideas from Hobbes, Locke and Rousseau served to underpin the basis and formulation of the developmental psychology movement (Burman, 2008).

The developmental movement

Developmental psychology has been attributed separately to the works of Charles Darwin (Burman, 2008; Smith, Cowie & Blades, 2011) and G. Stanley Hall (Keil, 2000). Theories from this field exist within a range of overlapping disciplines and link with key ideas from the theories of Hobbes, Locke and Rousseau (Burman, 2008; Christensen & James, 2008;

Woodhead, 1999, 2005; Woodhead & Faulkner, 2008). The developmental movement originated to “answer particular questions related to evolutionary theory and anthropology as well as philosophy” (Burman, 2008, p. 13). Developed in the late 19th century, it involved “the comparison, regulation and control of groups and societies, and is closely identified with the development of tools of mental measurement, classification of abilities and the establishment of norms” (Burman, 2008, p. 14). These methods and approaches still underlie contemporary developmental approaches. By definition, a developmental approach concerns

the inherent predictability conferred by the normative nature of many of the most important transitions and challenges that shape our lives to assist in the task of scientifically understanding how people change as they grow up and grow older. (Peterson, 2004, p. 6)

By focusing on how people progress through life, a greater understanding of standard life experiences can be obtained.

Within the developmental movement, children were initially perceived as a biological phenomenon (Alderson, 2008) and compared with primitives where the child “was equated with the ‘savage’ or ‘undeveloped’; since both were seen as intellectually immature, ‘primitives’ and children were studied to illuminate necessary stages for subsequent development” (Burman, 2008, p. 15). Children being perceived in this way paralleled that presented in De Mause (1995) and others throughout history. Broadly, childhood from a developmental perspective is “a period of dependency ... education and socialization were required to lead and train the child in the ‘appropriate’ direction. Hence representations of childhood were central to social policies” Burman (2008, p. 76). These representations and considerations of childhood still hold true in developed countries in contemporary society. Developmental views had, and still have, a significant role in influencing the views of wider society in relation to how children were and are perceived and ‘dealt’ with.

Influence on how children are perceived

Developmental theories adopt a deficit perspective of childhood and focus on identifying where an individual child is situated within broader understandings of developmental

norms (Matthews, 2008, 2009, 2010) which describe “universal stages of psychological growth within what are assumed to be normal childhood environments” (Woodhead, 1999, p. 3). Children are considered in relation to a stage that is thought to be reasonable and suitable for their age.

These conceptualisations focus on what capacities children do not have, which they will need in adulthood (Matthews, 2008, 2009; Smith, Cowie & Blades, 2011), adopting a position that considers childhood as a time of becoming. This deficit approach is

based on the accumulated observations of individual children and inspired by evolutionary ideas, [and] focused initially on questions of heredity. But soon afterwards its attention was devoted to the role of education in alleviating or compensating for the deficiencies of heredity. (Burman, 2008, p. 23)

This view posits a universalism of experience and position in which childhood is made up of universal characteristics and needs common across all societies.

Developmental perspectives consider childhood as “constitut[ing] a coherent group or a state defined by identical needs and desires, regardless of class, ethnic, or racial differences” (Fernando, 2001, p. 18). Understanding childhood from the developmental perspective focuses on determining where an individual child is situated within the broader understandings of developmental norms, by, “fitting the child to a ‘stage’ or ‘level’ of attainment... for evidence of adult interactional skills as steps towards the achievement of adulthood” (James, Jenks & Prout, 1998, p. 208). Theories propose how children as a separate biological beings may be socialised and included within existing adult social systems to enhance the survival of the species, making it necessary to determine the process by which children achieve adulthood (Burman, 2008; Smith, Cowie & Blades, 2011).

This focus on children as adults-in-waiting serves to underscore perspectives of children as functions of developmental psychology (Alderson, 2008; Mayall, 2002, 2013; Smith, Cowie & Blades, 2011; Woodhead, 1999). Contemporary society is exposed to these developmental conceptualisations of childhood through, for example, contact with mainstream healthcare and educational systems. Comparison of an individual with mainstream understandings of development underlies this attitude, as Burman notes:

the psychological individual was a highly specified and studied entity whose mental qualities and development were understood by virtue of comparison with the general population. So knowledge of the individual and the general went hand in hand: each required the other, and each was defined in terms of the other. (2008, p. 20)

This has filtered through to many popular childcare and parenting texts written from the developmental perspective and that claim to present “reliable information about children, how they grow and develop, and their physical, intellectual and emotional needs at different ages” (Spock, 2011, p. xix). These works utilise the observations and experiences of various medical, health and educational professionals, along with scientific inquiry, to base their theories and propositions about what are thought to be *universal* experiences and characteristics that constitute all childhoods. While they present useful information about the physical and measurable experiences of childhood, they do little to contribute to understanding how children themselves experience childhood. What is particularly noteworthy is that the assumption of universalism of experience within developmental perspectives of childhood fails to acknowledge the individual perspectives and experiences of children.

The information obtainable from a developmental perspective provides only part of the spectrum of experiences for children and their childhoods, because children are presented only as abstract subjects, not as individual contributors. Burman argues that

the normal child, the ideal type, distilled from the comparative scores of age-graded populations, is therefore a fiction or myth. No individual or real child lies at its basis. It is an abstraction, a fantasy, a fiction, a production of the testing apparatus that incorporates, that constructs the child, by virtue of its gaze. (2008, p. 22)

If the idea of a ‘normal’ child is not actually based on any individual or identified children, then its utility and completeness can be questioned. In developmental research, children’s roles are typically limited to a passive role as subject, patient or recipient (O’Kane, 2008). Burman argues that

[t]his production, rather than description, of the child arose from the technologies of photography by which hundreds of children doing the same

tasks could be juxtaposed, compared and synthesized into a single scale of measurement, from one-way mirrors through which children could be observed, and of psychometric tests. (2008, p. 22)

Conceptualising childhood solely from a developmental perspective fails to recognise the richness, depth and complexity of the information available. Seeking evidence of a child's attainment of certain developmental milestones based solely on an age/stage theory limits a complete understanding of childhood and all its components (Mayall, 1994, 2013).

Such limitation within the developmental perspective is particularly evident in traditional education systems, where a range of theories are applied to various aspects of a child's development (Krause, Bochner & Duchesne, 2007; Woolfolk & Margetts, 2013). The concepts behind these developmental theories provide seemingly tangible indicators and norms of standard and appropriate levels of attainment based on various developmental indicators. Burman describes how

a national childhood was constructed through schooling ... [and] demanded a state of ignorance in return for advancement of opportunities for a limited few ... the main effect of the introduction of compulsory schooling was to diminish children's sense of their own value and take them out of the sphere of 'socially significant activity'. (2008, p. 75)

When considering the purpose of education and schooling from this perspective, a rather disturbing motive is revealed. Developmental perspectives and their application in educational contexts, when they are exclusively used to explain children's capacity, remove and reduce the rights and freedoms of the individual child.

Children's capacity and the developmental movement

The discourse surrounding the history of developmental psychology reflects the shift towards training children through their education, schooling experiences, home and work lives (Aries, 1962; Burman, 2008; Koops, 2004; Mayall, 2013; Sorin, 2005; Sorin & Galloway, 2006; Woodhead, 1999; Woolfolk & Margetts, 2013). These ideas parallel societal changes at the time of the industrial revolution. The child was considered a

passive recipient of experience, with emphasis placed on the quality of environment such that parents were seen as responsible for molding and

producing an appropriate moral character ... the acquisition of knowledge was held to occur through conditioning, that is, through selective reinforcement based on environmental contingencies or learning from experience. (Burman, 2008, p. 32)

These ideas link back to Locke's belief of children as *tabula rasa* (Locke, 1690; 1995; Sorin, 2005; Stables, 2011; Woodhead, 2005), discussed earlier. This developmental view of childhood began to change in the 1960s with the emergence of constructivist and cognitive theories such as those of Piaget (Smith, Cowie & Blades, 2011; Sorin, 2005).

Constructivism

Constructivist theories seek to explain how individuals make sense of their world by emphasising “the learner's contribution to meaning and learning through both individual and social activity” (Bruning, Schraw & Norby, 2011, p. 193). As they relate to children, they are often considered in education through individual perspectives, such as those of Piaget, or social perspectives, such as those of Vygotsky.

Individual constructivism

Piaget's theory of cognitive development sits within individual constructivist perspectives as it posits children as progressing through a series of stages as they come to understand their world (Piaget, 1954; Santrock, 2011; Smith, Cowie & Blades, 2011; Woolfolk & Margetts, 2013). For Piaget, developmental psychology as applied to children is “a branch equally of sociology and psychology, since the social environment is an integral component of development” (Piaget, 1950 in Burman, 2008, p. 9). The importance of the social environment in understanding children's cognitive development is evident throughout Piaget's theory, which theorises ways that children accommodate and assimilate information into existing schema to describe and make sense of their world (Piaget, 1954). Piaget uses evidence from a series of experiments on and observations of his own three children to describe the process of children's cognitive development across a number of tasks.

While there are criticisms of Piaget's theory, particularly in terms of underestimating children's capacity (Broughton, 1984; Chandler, 2009; Halford, 1989; Lourenco & Machado, 1996; Shayer, 2003; Siegal, 1991; Smith, Cowie & Blades, 2011), this theory may

be useful in education as one way to explain the process of children's thinking. Despite criticism, the theory remains topical and relevant to how children's cognitive development can be understood. It is, however, somewhat limited when considering their subjective experiences. This limitation appears to be often ignored in the evidence provided about children, particularly from developmental perspectives. Considering what is known in education and psychology of children's cognitive processes, and the view that children are in a continual state of capacity development, a key observation can be made. When viewing childhood solely from a developmental perspective, the limits, rather than the potential of children's capacity are most apparent.

Applying Piaget's theory to understand children's cognitive development highlights the revelation that children "understand the world in a fundamentally different way from the way most adults do" (Spock, 2011, p. 980). Acknowledgement and acceptance of differences between adult and children's understandings of the world serve to provide insights into contemporary experiences of children, and contribute to a greater understanding of how they experience and conceptualise various aspects of their lifeworlds. Despite the criticisms of Piaget's theory, it is one of many developmental theories used to inform educational design and provide a way to explain the way children learn and think (Krause, Bochner & Duchesne, 2007; Santrock, 2011; Smith, Cowie & Blades, 2011; Woolfolk & Margetts, 2013). It remains one of the main theories underlying contemporary understandings of how children think and conceptualise constructs, as evidenced by its continued inclusion in many teacher education programs in western cultures. Piaget's work remains relevant today, informing a wide range of recent research utilising various aspects of his theory (Kamii & Joseph, 2004; McInerney & McInerney, 2002; Schickedanz, Schickedanz, Forsyth & Forsyth, 2001; Woolfolk & Margetts, 2013).

Social constructivism

From a developmental perspective, social constructivism as described in the work of Vygotsky, yields additional insight into obtaining a better understanding of children's capacity. Children's capacity and explanations of knowledge acquisition can be explained from a socio-cultural perspective within a developmental psychology by way of Vygotsky's socio-cultural theory and the concept of the zone of proximal development. Vygotsky (1978) ascertained that children were able to move through development if

provided appropriate guidance by a skilled teacher or a more knowledgeable other to extend their skill. Vygotsky considered that “learning should be matched in some manner with the child’s developmental level” (1978, p. 85) but did not see this as the only way children’s ability to learn should be viewed (Bruning et al., 2011).

He proposed a zone of proximal development (ZPD), consisting of “the distance between the actual developmental level as determined by independent problem-solving and the level of potential development as determined through problem-solving under adult guidance or in collaboration with more capable peers” (Vygotsky, 1978, p. 86). Although Vygotsky’s ideas begin to situate children as capable, he does not consider them to have the unique capacity to participate without adult (or more capable other) guidance or assistance.

While Vygotsky’s version of a theory of development aids in beginning the shift in viewing children as having capacity, it also serves to inhibit progress in this area. The theory suggests that children can achieve at a higher level if supported by a more knowledgeable other, but this is not the same as saying they cannot complete a task independently. By understanding some of the ways children may construct knowledge and interpret their worlds, the social constructivist perspective provides a possible explanation for the way children may construct meaning from the information and inputs presented to them. Adult beliefs about how children interpret and make meaning from information influence how they may interact and engage with children of different ages.

Middle childhood: too old, too young

While one of the most recognised demarcations within the category of childhood is adolescence, there is significantly less attention paid to middle childhood. There is considerable research on adolescence; however, the emerging interest in middle childhood (twens) is not yet widely reflected in the literature. In western society, adolescents have long been targeted by organisations for marketing and education campaigns (Marshall, 2010). Recently a new demarcation has emerged within the category of childhood, that of twens (El-Bassiouny, Taher & Abou-Aish, 2008; Sargeant 2007, 2008, 2010, 2012).

Although the UNCRC (United Nations, 1989) considers childhood to encompass all individuals under the age of 18, contemporary western society tends to distinguish a transitional stage of adolescence, falling between childhood and adulthood. During this stage, individuals are not quite considered children, and by law are not yet adults. The tweenage years are a further transitional stage, described as existing between 10 and 14 (Baumgarten, 2003; Mintel, 2001), 9 and 12 (Gallo & Beacham, 2004), or 8 and 12 (Clarke, 2003; Grant & Stephen, 2005; Sargeant 2005, 2007), with consensus that tweens are at the later end of childhood but are not yet teenagers. Despite the differences in age-based categorisation, the tweenage years cover the transition from childhood to teenager (El-Bassiouny, Taher & Abou-Aish, 2008; Gallo & Beacham, 2004; Lowe, 2003) and also the stage known as middle childhood within a developmental categorisation (Santrock, 2011).

In western cultures, tweens are sometimes considered materialistic, egocentric and rebellious (Smith, 2011a) with some commentary indicating “a tween is still a child and as parents, we may sometimes have to remind them of that” (Smith, 2011a, p. 215). Tweens are in a difficult position, old enough to be considered responsible for their actions yet often not considered capable of making decisions or gaining independence: Smith notes that tweens are “old enough to understand the complexities of relationship breakdown, or the finality of death, but still immature, vulnerable and sensitive enough that dealing with it is going to be difficult” (2011a, p.207). Such commentary provides insight into how some adults consider tweens to have limited capacity to deal with and discuss complex social issues such as death or relationships. This is in direct contrast to other perspectives that consider children of this age to have a greater understanding of complex issues than is attributed to them through developmental perspectives alone (Sargeant 2005, 2007, 2010, 2012).

To parallel ideas about children’s capacity to the constructivist approaches outlined earlier, Piaget (1954) suggests that during middle childhood a child’s cognitive development could be considered as at the concrete operational stage. By this stage a child can think in multiple dimensions, can conceptualise what could be rather than just what is, and can reason effectively (Piaget, 1954; Santrock, 2011; Woolfolk & Margetts, 2013). The child has developed “the ability to think abstractly ... [and] can explore different solutions to problems as they arise, and can begin to conceptualise future

options and possibilities” (Baumgarten, 2003, p. 6). Piaget’s theory therefore suggests that children of this age are capable of discussing and understanding complex issues that affect their lives. However, while this perspective of children’s cognitive development and capacity may be correct, the theory has been informed predominantly from observations and experimental designs where the children’s role is passive-recipient rather than active-contributor. The extent of the capacities of children in this age group have not yet been fully explored or widely demonstrated.

Theories of cognitive development do not include the perspectives of children themselves. Spock considered that children after the age of six

are usually more concerned with what other kids say and do. They are very aware of how they measure up and where they fit in within the group ... they begin to notice world events and issues – wars, the economy, global warming- and some develop strong opinions. (2011, p. 198)

This acknowledgment that children entering the tween years have an increasing awareness of local and global issues than may be typically attributed to them is starkly apparent in recognising that children are often not asked their opinions of such events. This notion is argued by Sargeant (2005, 2008), who considers that tweens may have a greater awareness of global issues than is recognised by adults and the wider community. It is somewhat paradoxical that tweens are acknowledged as aware of these and other issues, yet not considered as having the capacity to contribute to discussions about these events. There is a tendency for adults to associate and permit children’s participation commensurate with an age-based construction thereby diminishing children’s social agency. This is evident in the lack of inclusion of tweens and their perspectives in policy and general research about children’s lives; this will be elaborated upon in subsequent sections.

Conceptualising children’s cognitive capacity and development using arbitrary indicators such as developmental positioning aligns with the view of children as *becomings* or adults-in-waiting (Alderson, 2008; Mayall, 2002, 2013; Smith, Cowie & Blades, 2011; Woodhead, 1999): in western societies, children viewed as *becomings* are positioned to complete the tasks of childhood by ‘successfully’ attaining and progressing through developmental milestones that qualify them to graduate to adult status according to normed

references (Archard, 2004). The experience of childhood is considered important only to the extent to which it enables children to develop into adults.

To this end, understanding an explanation of children's personal and social development may be beneficial. Insight to this may be provided with the work of developmental theorist Erikson (1950) who suggests that it is in middle childhood that children begin to develop confidence and accomplishment by understanding the relationship between persevering at tasks and successful outcomes (Woolfolk & Margetts, 2013). By Erikson's reasoning, if children do not develop the skills to increase their competence and cope with the range of experiences presented to them during this time, they may develop a sense of inferiority that can negatively affect their ability to develop their identity. When utilising a developmental perspective alone, it could be asked whether a more focused intervention, one that understands childhood as more than just a time to prepare for adulthood, would benefit children, particularly those who are not 'achieving' the developmental milestones presented to them.

Erikson's theory of personality development presents only one side of the experience of childhood and is limited in the extent to which it illustrates children's perspectives and input regarding personality development during this stage. The theory is useful in presenting an explanation for the processes children may go through as they develop their identity and personality; however, as it is based on observations and case studies from therapy sessions, another perspective might add to its utility.

The value of developmental theories such as those of Piaget, Vygotsky, and Erikson may be enhanced with the inclusion of the views and perspectives of children, which may provide additional insight into the experience of childhood and how adults understand children's development. For this to be considered, the way children's capacity is acknowledged by wider society needs attention.

Spock (2011, p. 632) argues that "as their abilities grow, children need more and more chances to do things for themselves. They need challenges that stretch their skills without overwhelming them." To achieve this, children must be afforded opportunities to contribute to aspects relating to their lives. In order for this to be possible, adult perceptions of children's capacity need to be altered. It is not a case of presenting children's views and perspectives as the only ones that matter; instead, it is about

providing opportunities for adults and children to work together so that a better understanding of how children experience childhood can be obtained (T'Anson, 2011a; Wyness, 2012). This information can also be used to inform current knowledge of various aspects of children's development and how they experience their lives. When considering tweens specifically, it would be useful to understand more than is currently known about the tween experience.

The tween experience

Mental health research considers the tween years for children in western cultures as increasingly stressful (NIMH, 2009; Sawyer et al., 2000; Sawyer et al., 2001). Concern has been raised about the negative effect of media and technology that expose children to information and images they previously would not have had ready access to (Smith, 2011a; Spock, 2011; Steinberg, 2011), and which may contribute to the increased stress and mental health concerns reported for this age. Particularly in Australia, a summary of findings from the Child and Adolescent Component of the *National Survey of Mental Health and Well-Being* determined that 14% of children aged 4–17 years were experiencing or had experienced a mental health problem (Sawyer et al., 2001). This study also found that “children aged 6–12 years were more likely to have a disorder than were adolescents aged 13–17 years” (Sawyer et al., 2001, p. 812). Many of the children and adolescents with mental health concerns who participated in the study did not seek professional help: a failure which emphasises the “need to identify alternative approaches to reduce the prevalence of child and adolescent mental health problems” (Sawyer et al, 2001, p. 812).

Further statistics from the National Institute of Mental Health shows 1.3 per 100,000 children aged between 10 and 14 committed suicide in 2006 (NIMH, 2009) with long-term mental health or behavioural problems occurring in more than 7% of children under 15 years in Australia (Australian Bureau of Statistics [ABS], 2004–05), although “half of all lifetime cases of mental illness begin by age 14” (NIMH, 2005, para 1). In a Queensland study of 8000 young people, depression and depressive episodes were reported as having been experienced by more than 50% of participants at some stage. The study also showed that 36% of participants would not seek help when feeling depressed and unhappy (ResponseAbility, 2004). The tween years are clearly an important and potentially stressful time of development.

It is interesting to note that while the National Survey on Mental Health and Wellbeing in Australia has been conducted more than once, it has only included information on children under the age of 16 once (Sawyer et al., 2000). While it was deemed necessary to determine the mental health and wellbeing of Australian adults in subsequent surveys, the same need to determine how Australia's youth was faring was noticeably absent. The Australian Institute of Health and Welfare (AIHW) addresses this somewhat in the report *Headline Indicators for Children's Health, Development and Wellbeing* (AIHW, 2011a) and *Young Australians: Their Health and Wellbeing* (AIHW, 2011b). While the latter is important to determine how Australia's youth are faring across a number of indicators, it is limited in that it only reports on young people aged 12 to 24. There is no indication how children younger than this, including those in middle childhood, are faring.

One interpretation may be that the perspectives and experiences of younger children younger are not as important or valuable as those of children aged 12 and older when it comes to national priorities. It could also be that those conducting the surveys do not believe that younger children are capable of reporting on matters that concern them. Whatever the reasons for the lack of inclusion of children under 12 years in these and other reports, the fact remains that information about the health and wellbeing of children under the age of 12 remains limited; and very little of it seeks or includes the perspectives of children.

The view that children of middle childhood age have limited capacity is perhaps overstated, as children of this age are considered by moral development theorists to have the ability to think and make moral decisions using conventional reasoning (Bandura & McDonald, 1963; Kohlberg, 1958). Conventional reasoning is the ability to draw upon both internal and external standards of judgements in determining and rationalising moral decisions, rather than grounding decisions in external consequences (Baumgarten, 2003; Santrock, 2011). The tween years are a time when altruistic thought and action is thought to be developed. Perceptions of capacity, particularly with children in the tween years, are important to understand in order to aid in altering the view that children of this age have only limited capacity.

Contributions and limitations of the developmental movement

Despite the issues faced by children of tween age, the developmental movement provides a useful starting point to understand one part of the western, contemporary childhood experience. Burman (2008, p. 17) describes contributions to the study of children from the perspective of developmental enquiry as “subscribing to an assumption that there is a normal core of development unfolding according to biological principles.” These assumptions are typically accepted and involved in the areas of children’s health, education and welfare (Burman, 2008). While there are arguably many contributions of developmental theories to different disciplines, within the context of understanding children and their capacity, two contributions are key.

Firstly, developmental psychology’s contribution to contemporary educational practices provides useful information for adults about universal and typical indicators for development across children’s physical and biological stages. Adults are the primary individuals entrusted with educating children in formalised settings, and are tasked with the responsibility of ensuring children have sufficient knowledge to integrate successfully into adult society. This focus on *becoming* fails to acknowledge and recognise the contribution and importance of children’s current experience. Focus on development alone infers that children are inferior to adults or are adults-in-waiting, rather than an important time in its own right (Christensen & James, 2008; Clark & Moss, 2001; Corsaro, 2011; Harcourt & Einarsson, 2011; James & Prout, 1990, 1997; Mayall, 1994, 2008; Qvortrup, 1994). Developmental theories contribute to education by providing consistent and continued experiences that assist individuals to be equipped with knowledge and skills necessary and suitable for adulthood.

Secondly, developmental psychology initiated the theorising of how children think, know, act and have capacity across a range of areas. Understanding children and childhood through developmental theories such as Piaget’s and Vygotsky’s serves to provide insight into ways children may think, learn and extract understanding of concepts and constructs. Piaget’s theory requires children to move through stages sequentially, while Vygotsky’s allows an individual to exist in the next stage, but not to move beyond it until the stage below is fully mastered: in these ways, each theory of cognitive development places limitations on children’s capacity. Yet while the theories themselves present children’s

capacity as limited, they also present children as having potential. Developmental theories present children's capacities as increasing with age, experience and ability (Archard, 2004).

One of the key limitations of the developmental perspective is that it presents a deficit view of children and childhood. Developmental theories provide insight into what children are missing that they will need in adulthood (Matthews, 2008, 2009, 2010). Much of the developmental literature positions adults as considering children as incomplete or in the process of developing (Santrock, 2011; Sargeant, 2005; Shapiro, 1999). The focus is on what children lack in terms of their capacity and ability, and presents childhood predominantly as a time for preparation for adulthood. Conceptualisations of childhood, particularly from the developmental perspective consider children as

lacking knowledge, hence requiring protection and education. To challenge this conception may seem to render children responsible for the difficulties that befall them ... attribution of knowledge to children is bound up with images of the child and what we imagine them and ourselves to be. Discourses of childhood function as regulatory both overtly and internally. They produce a sense of adulthood and childhood not only for us but also for children.
(Burman, 2008, p. 82-83)

In challenging perspectives of childhood that promote the vulnerability of children, adults may be conflicted in attributing power and freedom to children who have had less time than they to know and experience the adult world. Conceptualising childhood does not have to be an all-or-nothing approach, but may range along a continuum where children could be considered both innocent and in need of protection. Childhood could be considered a time of *becoming* and simultaneously a time of *being*.

While the developmental perspective presents one way to view childhood, there is a noticeable absence of the inclusion of children's perspectives within each of its theories. While deriving their theories and conclusions may have *involved* children, the data from which the theories were developed did not include children in any role beyond subjects of data. While the researchers behind each of the theories may not have been specifically seeking children's perspectives in the formulation and verification of the theories, they present a view of children as having limited capacity because their perspectives are not being represented in research outcomes.

Achieving adulthood

Steinberg (2011, p. 7) criticises developmental perspectives of childhood as perpetuating a view of children as vulnerable and in need of adult protection, where “childhood no longer exists if the young gain access to certain forms of adult knowledge ... It is adults who decide what children should know and how they should be socialized.” This demonstrates the power dynamic between adults and children as well as the extent to which children are perceived as having capacity, as “children are rarely discussed in terms of the quality of their childhood experiences, unless these are seen as having an impact on their future as adult citizens” (Saraga, 1998, p. 134). While developmental psychology begins to provide some explanation of how children develop, the outcome of *becoming* (an adult) remains the purpose and focus for childhood (Archard, 2004; Burman, 2008; Smith, Cowie & Blades, 2011). One of the ways this is done is through focusing on children’s intelligence.

Intelligence is currently considered to be determined by a combination of experience, genes and nutrition (Spock, 2011). A focus on increasing potential and brain development early in a child’s life illustrates one way in which childhood is considered a time of preparation for adulthood in western contemporary society. This perspective is only problematic if it is the only view maintained. Recognising, acknowledging, and embracing the everyday experiences of childhood, *from the child’s standpoint*, may enable adults to better understand children and childhood. It is important that additional perspectives are sought and included to supplement existing knowledge about children and how they experience childhood in contemporary society.

Various national and international tests such as the Australian National Assessment Program for Literacy and Numeracy [NAPLAN] (ACARA, 2012) and the Program for International Student Assessment [PISA] (Organisation of Economic Cooperation and Development [OECD], 2012), situate children and their achievements within the context of other children their own age, and older and younger. This approach stems directly from the developmental movement, and assesses how children are achieving in relation to developmentally appropriate stages for their age (James, Jenks & Prout, 1998; Smith, Cowie & Blades, 2011; Woolfolk & Margetts, 2013). A child achieving at a higher level than expected is praised and showcased, and a child achieving at a lower level is subjected

to additional education, testing and interventions that enhance achievement through learning support programs (Hyde, Carpenter & Conway, 2010). This suggests that it is more important for children to focus on *becoming* an adult and progressing through development than being able to enjoy *being* a child.

A number of products and resources are offered to parents to stimulate children's brains from birth in an attempt to speed up their rate of cognitive development. These and other resources are thought to impact on brain development and function for the rest of the child's life (Beck, 2001, p. 2). While there is a societal rush to hurry children through the developmental stages, this may lack usefulness from a developmental perspective. While children can progress beyond what is considered to be normal for their age/stage of development, the academic rush to give a child a better start to adulthood has consequences for other parts of the child's life. Social competence and confidence may be affected if children are being called upon to act and behave 'older' and more responsibly than they already are. This again fails to value the period of childhood as important in its own right, and does not enable a child to actually *be* a child.

The desire to speed children through childhood has been a focal point of the media who, for decades, have encouraged both children and adults to hurry children along (Elkind, 2001; Steinberg 2011). Arguments rage concerning the increased sexualisation of children and what sorts of product targeted at them may pressure them to grow up before they are ready (Elkind, , 2001; Grant & Stephen, 2005; Hamilton, 2008). This pressure may have increased with the emergence of the internet, with information previously considered adult now available and easily accessible to children (Steinberg, 2011). Resources available in the forms of products, clothing, media and internet in particular often promote the view that childhood is a time to prepare for adulthood, with the focus on achieving each developmental stage as soon as possible to become an adult as quickly as possible. This is particularly prominent in the tween years, which is one of the reasons why children of this age have caught the attention of media, marketing and advertising and are considered a powerful group in these areas (El-Bassiouny, Taher & Abou-Aish, 2008; Grant & Stephen, 2005). Childhood from a developmental perspective is focused on an individual's movement and progression throughout life. The ability for an individual to pause and focus on the experiences during just one part of the lifespan, such as

childhood, is incompatible with the developmental a view. Perhaps there should be another way to consider children and their childhoods.

While the developmental perspective is only based on what is observable and testable in examining and understanding the experience of childhood and children's development, the sociological view presents an alternative. The sociological view of childhood is *experiential*, and provides a perspective that may illuminate those things that are objectively observable and testable. The sociological view adds to what is known through a developmental process and can be validated on that premise. However, by definition, development is associated with progress, so any investigation that explores 'one moment in time' of a lifespan is incongruent with a developmental definition, and requires additional exploration through an alternate perspective, such as the sociology of childhood. This is presented in the next chapter.

Chapter 3: Sociology of Childhood and Children's Rights

respecting children's rights is important, and understanding them in the widest possible context even more so.

(Burr and Montgomery, 2003, p. 167)

Introduction

This chapter, the second of the three literature reviews, provides an overview of the sociological perspective of childhood and United Nations Convention on the Rights of the Child (United Nations, 1989) to situate children as capable and competent protagonists in their own lifeworlds. Australian educational policy is critiqued and the extent to which tween voices and perspectives are included in matters that affect them is presented as requiring more attention. The chapter concludes by positioning children as capable and reliable contributors on matters that affe

Children as active social agents

The foundations of the contemporary sociological perspective of childhood were developed in 1979 after the International Year of the Child was declared and there was wide public awareness and acknowledgement of the occurrence of child abuse (James, 2009). This movement and change in perspective from the developmental movement was developed further by the ideas posited by Giddens (1979), who explores notions of structure and agency and question children's role in shaping their own lives. He argues that a "therapeutic reconstruction on the basis of childhood experience becomes possible because of the emergence of new 'learning fields' brought about by the 'invention' of childhood" (Giddens, 1991, p. 153). Giddens' work raises "important questions about the part that children themselves played in their own growing up and socialisation – something which, as we have seen, had been underplayed within the traditional, dominant framework" (James, 2009, p. 39). The importance of this discussion is emphasised as

if Giddens was correct about the interaction between structure and agency, then children, as much as adults, could be envisaged as active participants in society. They too could be seen as people who were as much contributors to its shape and form, as well as being 'socialised' by it and, indeed, there were already available accounts of children's lives that indicated the ways in which this process could be seen to be happening. (James, 2009, p. 39)

James discusses the perspectives of childhood and individual agency across different disciplines as having a heavy focus on socialisation, where "children were informed and transformed into society members" (2009, p. 39). Prior to this, both the ways in which children were conceptualised and the ways in which they were 'included' in various forms of scientific inquiry was similar across sociological, anthropological, and developmental perspectives (James, 2009), in that children were viewed as without capacity and agency. Giddens (1991, p. 175) explains that,

if we do not see that all human agents stand in a position of appropriation in relation to the social world which they constitute and reconstitute their actions, we fail on an empirical level to grasp the nature of human empowerment. Modern social life impoverishes individual action, yet furthers the appropriation of new possibilities; it is alienating, yet at the same time, characteristically, human beings react against social circumstances which they find oppressive.

Children's ability to react against oppressive social circumstances in which they may find themselves in western contemporary society is limited as their position is predominantly viewed as that of limited capacity: as per a developmental positioning. Those aligning with sociological perspectives of childhood therefore often criticise the traditional developmental perspectives of childhood, in part because of the anticipatory terminology used (Qvortrup, 2009; Woodhead, 2009), which positions childhood as a time of preparation for adulthood and conflicts with a sociological conceptualisation that views childhood as a unique, important and independent period of life in its own right.

Qvortrup (2009, p. 26-27) argues that

childhood changes historically while remaining as a permanent form ... but childhood nevertheless keeps forms that are comparable over time, because it essentially keeps being impacted by the same set of parameters ... while childhood as a period is a transient phase for each child to become an adult, childhood as a structural form can never turn into anything else and least of all into adulthood as a structural form.

Conceptualising childhood in this way acknowledges the independence and uniqueness of childhood in contemporary society, while also embracing childhood as an important stage worthy of study in its own right. It considers studies of childhood in relation to itself rather than in deficit of capabilities or comparisons with the structural category of adulthood.

The sociological perspective considers children to be competent social actors (James, 2009; James & Prout, 1990, 1997; Mayall, 2002, 2013; Oswell, 2013; Smith, 2007a; Smith, Cowie & Blades, 2011; Woodrow & Press, 2007) and advocates that children be recognised as such. For James and Prout,

children are and must be seen as active in the construction of their own lives, the lives of those around them and of the societies in which they live. Children are not just the passive subjects of social structures and processes ... children's social relationships and cultures are worthy of study in their own right, independent of the perspective and concerns of adults. (1990, p. 8)

Children are significantly affected by happenings in the adult world, especially as "children's rights are not separate from adults' concerns of the family and the state."

(Burr & Montgomery, 2003, p. 143). Even within the sociological perspective, the extent to which researchers afford agency to children varies widely. Mayall (2002) differentiates between conceptualising children as agents who actively participate in and contribute to doing something, to conceiving them as actors whose role is merely to play a part rather than to enact or participate in change and action. James (2009, p. 41) argues that “the concept of ‘agency’ provides ... the point of departure for many contemporary studies of children’s everyday lives.” Acknowledging children’s agency and capacity recognises children as active in construction of their own lives and emphasises the importance of childhood as a period in itself (Busher, 2012; O’Kane, 2008; Smith, 2007a).

Conceptualising childhood from a sociological standpoint views childhood as a time of *being* and, for some sociological researchers, as a time of both *being* and *becoming*. To this end, acknowledging childhood as a time of *being*

implies that we research children without prejudice ... that we hold off any hierarchically ordered normative judgements as to how we imagine or desire them to turn out ... that we understand them, not in terms of an imperative as to what they must become, but in terms of what they are, in terms of how they act themselves in social worlds, and how they interrelate with others. (Oswell, 2013, p. 40)

Childhood as a time of being embraces the everyday lived experience of being a child both in terms of the immediate experience and of how these experiences inform children’s future *becoming*.

United Nations Convention on the Rights of the Child

Following the International Year of the Child (1979) and Giddens’ (1979) works, as discussed earlier, the increasing awareness of the sociological perspective of childhood also stems in part from the development and dissemination of the UNCRC (United Nations, 1989). The United Nations Convention on the Rights of the Child (UNCRC) was enacted in 1989 and ratified by Australia in 1990. As of 2013, all bar two member countries of the United Nations (United States of America and Somalia) have ratified the convention (United Nations, 2012). The UNCRC is both a document that delineates the rights of children and a policy that outlines the obligations to which each signatory to the convention needs to adhere, intended to initiate conversation between stakeholders

(Roose & Bouverne-De Bie, 2007). It contains 54 articles of children's rights that are considered of equal importance and that should be afforded to every child. These are to be incorporated into signatories' law and legislation. This is an area that Australia is yet to incorporate wholly, as "the Australian Constitution and common law provide only limited human rights protection" (Australian Human Rights Commission, 2011, p. 5).

The rights within the UNCRC are often discussed as existing within three broader areas, the '3Ps' of protection, provision and participation rights (Alderson, 2000; Hammarberg, 1990; Howe & Covell, 2005; Lansdown, 1994; Qvortrup, 1996; Smith, 2007a). The interpretation of the 3Ps has been problematised, as the 54 articles of children's rights have sometimes been erroneously grouped under one of the 3Ps as if these were categories rather than principles (Quennerstedt, 2010). Such oversimplification of the categorisation of children's rights then influences how research is conducted, by altering the ways in which children and their rights are conceptualised.

It has been suggested that governments and society may feel threatened by the UNCRC as it provides children with clear rights that challenge dominant societal perceptions of children and their capabilities (Burr & Montgomery, 2003; Lansdown, 2005a). The UNCRC serves to document children's rights so it can be understood that "children are born with fundamental freedoms and the inherent rights of all human beings" (UNICEF, 2000, p. 2). Fernando sees the main problems of the UNCRC to be that

there is no real consensus on what the term 'children's rights' actually means because the very concept, as it exists, is embedded in the Western tradition of political philosophy ... the assumption that childhood constitutes a coherent group or state defined by identical needs and desires, regardless of class, ethnic, or racial differences, lies behind a universalist notion of children's rights [which] does not take into account the social, cultural, and political diversity of the meaning of childhood and hence of children's rights in different cultures. (2001, p. 18)

The 3Ps offer a logical and clear way to consider the fundamental components of the UNCRC in an Australian context. Already, researchers aligning with the sociological perspective on childhood often refer to the broader principles or specific articles of the

UNCRC in their initiation of, investigation into, or justification for research that seeks to investigate contemporary childhoods.

Protection

Children's protection rights are described by Save the Children (2012, para.7) as "the rights that ensure children are protected from acts of exploitation or abuse, in the main by adults or institutions that threaten their dignity, their survival and development."

Globally, ideas that surround child protection range from local contexts such as protection in the family and community, homelessness, and poverty to broader contexts such as armed conflicts, rampant disease, child labour, and child trafficking. Fernando (2001, p. 9) asserts that breaches in children's rights occur globally on a daily basis with "children under age 5 [dying] of mainly preventable diseases ... even more children and young people succumb to illness, neglect, accidents and assaults."

Specific articles within the UNCRC that could be considered to fall within a protection categorisation are:

- Anti-discrimination (Article 2)
- Best interests of the child (Article 3)
- Life and survival (Article 6)
- Family (Articles 9 and 10)
- Transfer of children and child trafficking (Articles 11 and 35)
- Privacy (Article 16)
- Anti-violence, abuse and torture (Articles 19 and 37)
- Domestic violence (Article 20)
- Refugee status (Article 22)
- Exploitation (Article 32)
- Drugs and trafficking (Article 33)
- Sexual abuse and exploitation (Article 34)
- Participation in armed conflict (Article 38)
- Legal proceedings (Article 40).

The fact that children are also often significantly affected by and rarely consulted with adult concerns such as family financial hardships also falls in the category of protection rights. As Burr and Montgomery explain,

when parents are made unemployed because of government policy, it is the children who suffer. When governments introduce fees for healthcare or education, both adults and children suffer but children do so disproportionately. For this reason, specific safeguards for children are necessary. (2003, p.143)

Protectionist aspects of the UNCRC are particularly evident in national and international mandates through child safety, and child protection policy and legislation. Fernando describes children's position as

in a worse situation particularly in countries where there are civil conflicts. Coupled with rapid social change ... conflicts lead to a breakdown in the family support networks so essential to a child's survival and socialization, so these children are pushed into vagrancy and prostitution. (2001, p. 17)

In the Australian context, "many issues facing Australia's children, such as homelessness, abuse, violence and bullying, mental illness and access to justice affect children across all of Australia" (Australian Human Rights Commission, 2011, p. 31). The wealth of a nation is irrelevant: issues affecting children and the breach of their rights are global.

Wealthy nations such as Australia are better placed to enact the provision and protection rights than less economically privileged nations. However, there may be a tendency for the richer nations to place more priority on these rights than the participatory rights that are more dependent on social reform than physical and economic resources. As a result, even the wealthiest nations can be criticised for not enacting all of the child's rights, particularly the child's participatory rights. This reinforces why it may be useful to investigate childhood from a perspective where children's rights and issues are explored within the specific contexts with a focus on children's everyday lives.

While there are some universal characteristics of childhood, it is also important to understand the uniqueness and individual experiences of children within a sociological perspective. Fernando outlines the need for

a constructive dialogue on the issue of childhood and children's rights that does not fall into the twin traps of relativism and universalism, that does not ignore the heterogeneity of children's lives or obscure the commonality of ways in which economic and political forces in an increasingly unstable and polarized world have affected the lives and experiences of these children. (2001, p. 20)

The Australian Human Rights Commission (2011, p. 8) outlines "one of the most critical child rights issues facing Australia currently – child abuse and neglect." Highlighting this issue draws attention to the way governments are addressing the protectionist aspects of the UNCRC in practice, which overlaps with the *provision* principle.

Australian protectionist policy

Fernando (2001, p. 11) discusses the insufficiency of implementation of the UNCRC by governments who "have taken numerous measures to enact legislation and create mechanisms to ensure the protection and realization of the rights of children. Yet these successes are far from being sufficient." The *National Framework for Protecting Australia's Children* (Commonwealth of Australia, 2009) was developed in response to the United Nations' review of Australia's implementation of the UNCRC (Australian Human Rights Commission, 2011; United Nations, 2005). This national framework seeks to guide the delivery of action to obtain "a substantial and sustained reduction in child abuse and neglect in Australia over time" (Commonwealth of Australia, 2009, p. 11).

Another key issue surrounding the protection aspects of the UNCRC in Australia relates to bullying and discrimination, and directly relates to some of the issues highlighted in the *National Framework*. With increasing access to technology, bullying and discrimination can now permeate all areas of an individual's life, including school, home, community, online and work environments (Campbell, 2005; Perren, Dooley, Shaw & Cross, 2010; Privitera & Campbell, 2009; Rigby, 1997). This issue is not unique to Australia, with evidence from economically comparable nations such as the United Kingdom and the United States of America showing that they experience similar issues, particularly in educational settings (Espelage & Swearer, 2004; James, 2010; Sampson, 2002).

The Australian Human Rights Commission (2011, p. 14) identifies “significant concerns about the negative impact that violence, harassment and bullying have on the realisation of children’s rights in Australia including the right to education (Article 28) and the right to the enjoyment of the highest attainable standard of health (Article 24).” Australia has numerous anti-bullying policies in place at local levels, including the requirement for every school to have a specific strategy and policy for responding to bullying. On both state and national levels, policies such as the *National Safe Schools Framework* (MCIEECDYA, 2010) and state-based policies addressing various aspects of children’s wellbeing and protection seek to “affirm the rights of all members of school communities to feel safe and be safe at school” (Australian Human Rights Commission, 2011, p. 14).

Child protection mandates and law

The United Nations’ latest report on Australia’s implementation of the UNCRC (United Nations, 2012), determined that many areas still require attention. Australia’s response acknowledges that “there is an ‘implementation gap’ in Australia with respect to children’s rights. The legal protections of child rights in Australia are not comprehensive and nor do they provide effective remedy for violations” (Australian Human Rights Commission, 2011, p. 5). This provides an opportunity for those who align with sociological perspectives of childhood and seek to enable children’s rights to be actualised in the Australian context.

In relation to domestic violence, current Australian laws within the *Family Law Act 1975* (Commonwealth) are identified as requiring numerous revisions to ensure greater alignment with human and children’s rights (Australian Human Rights Commission, 2011; Australian Law Reform Commission [ALRC], 2010). However, it is acknowledged that “many of the ALRC’s recommendations made in its report *Family Violence – A National Legal Response* remain substantially unaddressed through the current proposed amendments to the Family Law Act” (Australian Human Rights Commission, 2011, p. 20). It is clear that while Australia is seeking to address the deficiencies in implementation of children’s rights as related to protectionist aspects of the UNCRC, there is still a long way to go before children’s protection rights are fully realised and catered for. Child protection mandates and law are also integrally linked to the provisions and services provided for children under a children’s rights framework.

Provision

Children's provision rights are described by Save the Children (2012, para 6) as "the rights to resources, the skills, services; the 'inputs' that are necessary to ensure children's survival and development to their full potential." To examine this within the Australian context, the deficiencies identified by the United Nations' review of Australia's implementation of the UNCRC are highlighted.

Children are considered by some to be marginalised by current practices (Davies & Wright, 2008; Mayall, 2002; Messiou, 2006; Ruddick, 2007; Wyness, 2006) with "children's interests ... frequently disregarded in the public policy sphere in favour of those of more powerful interest groups" (Lansdown, 2005b, p. 121). Burr and Montgomery (2003, p. 143) note that "it is too easy to leave children out of planning processes or to ignore the effects that policies will have on them because of this lack of power" in society. In Australia's most recent response to the United Nations review of Australia's implementation of the UNCRC, it was determined that appointment of a National Children's Commissioner would be vital in rectifying the current deficiency of "no dedicated body at the national level which is tasked with monitoring and advocating for children's rights" (Australian Human Rights Commission, 2011, p. 7). The 2013 appointment of a National Children's Commissioner will assist in ensuring children's rights are more widely known and incorporated within the Australian context; it is a position that has only recently been filled. It is yet to be seen how the change in federal government and national leadership in September 2013 will affect the movement towards enacting children's rights.

Researchers aligning with a sociological perspective of childhood studies have supported the increasing focus and advocating for children by various national and international human rights bodies, but the widespread lack of knowledge of the Convention is in direct breach of Article 42, which states that "States Parties undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike" (United Nations, 1989). Even so, Thomas (2011, p. 19) acknowledges "whilst policy rhetoric does not in itself produce changes in practice, in the Australian social and political context such developments are a significant step forward in

mainstreaming children's rights." One way this is being done is through Australian early childhood educational policy.

Australian educational policy

The *Early Years Learning Framework* for Australia [EYLF] (Early Childhood Australia, 2009) within the National Quality Framework policy (2012) is one of the first educational initiatives in Australia that actively acknowledges children's rights. While widely acknowledged to have been as a result of a broad consultative process, children, the main subjects of the framework, were not consulted or included in its formulation (Early Childhood Australia, 2009). Within the framework, *becoming* (as discussed in the previous chapter) is highlighted an important element to acknowledge when understanding children as they change and develop across a number of different areas, circumstances and events: one that enables them to learn "to participate fully and actively in society" (Early Childhood Australia, 2009, p. 7). The EYLF acknowledges both *being* and *belonging* as important and intertwined components alongside *becoming*, which takes the perspective of childhood beyond a purely developmental positioning that is used in mainstream Australian educational contexts.

MacNaughton, Hughes and Smith (2008) suggest that focusing on children as *becomings* in research and practice fails to recognise and acknowledge them as complete citizens. Steinberg (2011) supports this notion and suggests it may perpetuate the dominant view of a society in which there is a noticeable power division between children and adults. Although the developmental approach is criticized for "remain[ing] ignorant of the everyday, synchronic experience of the child actually living in the social world 'as a child'" (James, Jenks & Prout, 1998, p. 208), it is still used to inform much contemporary educational practice in Australia beyond the early years.

By contrast, conceptualising childhood as a time of *being* "recognises the significance of the present in children's lives. It is about the present and them knowing themselves, building and maintaining relationships with others, engaging with life's joys and complexities, and meeting challenges in everyday life" (Early Childhood Australia, 2009, p. 7). While the importance of childhood as a time of being is acknowledged in the Early Years policy documents in Australia, it is yet to be acknowledged and included in primary and secondary educational provision despite the UNCRC's (1989) mandate of children's

rights that “established a minimum standard for children’s rights around the world” (Saraga, 1998, p. 158).

The UNCRC is specifically identified as informing the development of EYLF (2009), as is the Melbourne Declaration on Educational Goals for Young Australians [Melbourne Declaration] (MCEECDYA, 2008). While the Melbourne Declaration does not specifically refer to the UNCRC, the goals outlined can be directly linked to the participation, provision and protection rights outlined in the UNCRC. The Melbourne Declaration seeks to support “all young Australians to become successful learners, confident and creative individuals and active and informed citizens, and promotes equity and excellence in education” (MCEECDYA, 2008, p. 7; see also ACARA, 2010). The Melbourne Declaration, developed by the Australian Education Ministers, outlines educational goals and indicates these goals as important to ensure the nation’s “ongoing economic prosperity and social cohesion” (MCEECDYA, 2008, p. 4). The intention of these educational goals is to inform Australian educational curriculum development, policy and provision, to ensure young Australians are equipped with the necessary knowledge, skills and capacity to enable them to succeed in 21st century life. There are two of these goals:

- Goal 1 – Australian schooling promotes equity and excellence (2008, p. 7)
- Goal 2 – All young Australians become successful learners, confident and creative individuals, and active and informed citizens (2008, p. 8).

In analysing the goals with respect to the articles of the UNCRC (United Nations, 1989), links can be made between Goal 1 (MCEECDYA, 2008) and Article 28 (United Nations, 1989), whereby all children have the right to access education and excellence. In analysing how the goals can be achieved, Goal 2 can be seen to have three components:

- successful learners
- confident and creative individuals, and
- active and informed citizens.

The second component, confident and creative individuals, identifies elements of wellbeing as requiring young Australians to “have a sense of self-worth, self-awareness

and personal identity that enables them to manage their emotional, mental, spiritual and physical wellbeing” (MCEECDYA, 2008, p. 9).

Despite there being no reference to the UNCRC in the Melbourne Declaration, the third component of Goal 2, active and informed citizens, also aligns with children’s participation rights and the right to information and expression outlined in the UNCRC (United Nations, 1989).

Specifically, in Article 12.1 (as cited earlier) and in Article 13.1,

The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice. (United Nations, 1989)

These could be argued as having presence within the Melbourne Declaration in enabling young people to “participate in Australia’s civic life” (MCEECDYA, 2008, p. 9) as well as being active and informed citizens (ibid). However, as the articles of the UNCRC are not specifically mentioned in the Melbourne Declaration, the links made are purely theoretical rather than inherent within the document’s formulation.

The wording of Goal 2 seems to be amenable to invite children’s voices to be present and contribute to aspects pertaining to their lives and education. Currently in Australia, the federal government is working with key *adult* educational stakeholders to develop a national curriculum that focuses “on an entitlement for all students while acknowledging that the needs and interests of students vary” (ACARA, 2010, p. 11). Despite the development of this new national curriculum, the students themselves have not been consulted, which is in contravention of both the UNCRC and the goals outlined in the Melbourne Declaration.

Policies and provision are designed for children to address what are thought to be their best interests, and many of the policies and provision developed for Australian children may be broadly described as relating to various aspects to do with their wellbeing. As children spend a lot of their time in education, it would be valuable to utilise the sociological perspective to investigate the everyday experiences of the child actually being a child.

Educational contexts have been described as one of the places where the imbalance of societal power between adults and children is most noticeable (Robinson & Taylor, 2013; Singer, 2005). As evident by the issue of bullying and harassment discussed earlier, even in childhood a significant imbalance of power exists among children. Education, it seems, is an area where children are involved in negotiating numerous power imbalances and relationships in order to ‘successfully’ pass through the educational experience. Although Australia is gradually recognising and including the rights specified in the UNCRC into Australian law, this has not yet been fully accomplished (Australian Child Rights Taskforce, 2011; Thomas, 2011). An additional perspective may assist in ensuring that these rights are incorporated into law and practice. This leads to the final aspect of the 3Ps in considering how children’s participation is enacted within current practice: participation.

Participation

Participation is “the process of sharing in decisions which affect one’s life and the life of the community in which one lives” (Sanders & Mace, 2006, p. 93). As children are often not invited to contribute to this process, as explained in the sections above on provision and protection aspects of children’s rights in an Australian context, their position as partial citizens is maintained and the dominant view of childhood as a time to prepare for adulthood prevails. Save the Children (2012, para 8) describes children’s participation rights as “the rights that provide children with the means by which they can engage in those processes of change that will bring about the realisation of their rights, and prepare them for an active part in society and change.” Participation rights are described by Burr and Montgomery (2003, p. 145) as “relat[ing] to the idea that children must be consulted about any decisions that shape their future.” This links directly to Article 12.1 of the UNCRC (United Nations, 1989). The UNCRC itself outlines Article 12 – the right to be heard – as one of the four guiding principles that should underpin the ways in which the UNCRC is implemented (Thomas, 2011; United Nations, 1989). However, in many instances this is not occurring. Burman (2008, p. 77) describes the UNCRC as “bear[ing] witness to interests which, while seeking to enable and protect children, are also in danger of rendering them passive, dependent and malleable.” Burr and Montgomery (2003, p. 147) compare protectionist and participatory forms of support that adults provide for children, where

protectionist forms of support are where governments and parents make decisions on behalf of the child. They assume responsibility for the child and the child has minimal say in decisions ... participatory support is where adults empower children to make their own decisions, the child assumes responsibility for these decisions.

This distinction is important for researchers and those seeking to align with a sociological perspective to consider, as it forces them to think about both how they will include children within their research and practice, and what they will do with the information they obtain from them.

Children's lives and development are discussed as "shar[ing] a largely marginalised structural position in relation to adults ... children are often the most affected by adverse circumstances because of their relative immaturity and lack of social power" (Crivello, Camfield & Woodhead, 2009, p. 52). Children are a relatively powerless group in society whose "views are rarely sought. Important decisions affecting their lives are frequently made without consulting them" (Barford & Wattam, 1991, p.2). This is particularly evident in social policy: as "public spaces are seen to be 'owned' by adults, young people's presence in those spaces representing an unwanted intrusion. Yet these are the adults who are responsible for protecting children's welfare." (Lansdown, 2005b, p. 121). Underlying this is the absence of children's perspectives; because "the children's own voices are never heard, despite the fact that many economic decisions directly or indirectly affect them ... there is a need to make children more visible in economic policy-making" (De Vylder, 2003, p. 170).

Despite some adult awareness of the importance of inclusion of children's voices within decision-making processes, the reality is that the voices of children are limited (Komulainen, 2007). While some theories are now taking a more child-centred view of childhood, merely considering the child's perspective does not in itself remove the apparent absence of the child's voice within society. Childhood needs to be understood in terms of recognising and encouraging children's voices and also ensuring their voices are heard so that their participation may be more fully realised.

Children's voice

Children's voice can be defined as the expression, awareness, inclusion and understanding of child views, opinions and concerns with matters that directly affect them (Lundy, 2007; United Nations, 1989). Many benefits arise from enabling children to be part of the decision-making processes in issues directly concerning them (Busher, 2012; Lundy, 2007). Research is already available that investigates the use and implementation of child voice in issues such as custody, family and legal proceedings (Boocock & Scott, 2005; Krinsky & Rodriguez, 2005; Ruddick, 2007), in addressing educational concerns such as special educational needs (Lewis, Newton & Vials, 2008; Mortimer, 2004), and in examining the schooling experience (Busher, 2012). Gradually, inclusion of child voice is being identified as pertinent when considering childhood from a sociological perspective, specifically in relation to matters directly related to and concerning children (Mayall, 2002, 2013; Sargeant, 2012).

Mortimer (2004) argues that the extent to which child voice is included in matters affecting them is often limited, as the child is either not asked, or not heard. Children's views and contributions often are given more merit the closer they are to being socially defined as an 'adult' (Archard, 2004). This provides a false representation: the views, opinions and contributions of children are only valued and considered if the person expressing the views is considered somewhat 'adult-like'. The UNCRC does not say that a mature view is required: instead, it says that children's views should be *sought* on matters that affect them (United Nations, 1989). Lundy (2007, p. 935) points out that "there may be a misperception that the right to express a view is somehow dependent on 'the age and maturity of the child'... children's right to express their views is not dependent upon their capacity to express a mature view; it is dependent only on their ability to form a view, mature or not."

Misinterpretation of the UNCRC could lead some to believe erroneously that acknowledging children's rights mean that some adult rights are taken away (Cohen & DeBenedet, 2012; Parental Rights America, 2012). Burke (2008, para 27) suggests that "the shift toward a recognition and acceptance of children's voices in determining their own world-view brought about a fragmented view which questioned the structural norm of childhood and brought about a theoretical position about pluralities of childhood":

that is, acknowledgement that childhood can be experienced differently across and within childhoods. While some theories are now taking a more child-centred view on childhood, merely considering the child's perspective is not sufficient to make up for the apparent absence of the child's voice within society. Childhood needs to be understood in terms of recognising and encouraging children's voices and also of ensuring these voices are heard and acted upon (Robinson & Taylor, 2007, 2013). This could begin by starting with investigating children's views and perspectives within their everyday life experiences.

The daily lives of young people are filled with curricula, routines and policy-driven schedules where often their voices are not heard (Mortimer, 2004). This is identified by Singer (2005, p.618) as problematic in that "every childcare centre, every teacher and parent should be obligated to answer the question of how the child's voice is heard in daily practice, and how the child's voice is evaluated in decision making." Elias, Gara & Ubriaco (1985, p. 113) find that in particular, "difficulties seem to emerge from unresolved issues of the middle school period and should be studied in that context." This suggests that more knowledge and research is required to form a more complete picture of the current situation for children and the extent to which their perspectives, particularly those of middle childhood age, are sought.

There are criticisms and concerns relating to current measures, reforms and policies that supposedly incorporate the voice of children in an authentic manner (Busher, 2012; Robinson & Taylor, 2007; Wyness, 2006). It can be argued that despite the best intentions of adults, implementation of children's intentions as interpreted by adults is difficult to achieve (Kirby & Gibbs, 2006; Lewis, Newton & Vials, 2008; Mortimer, 2004; Robinson & Taylor, 2013), although Ruddick asserts that despite children's input, the individual child remains 'spoken for' and represented by adults. She notes that these "representatives can never effectively speak *as* the child" (Ruddick, 2007, p.520). This is only problematic if the adult purports to speak *as* the child rather than openly communicating exactly their reported views. Similarly, if adults choose an appropriate theoretical framework to guide their analysis, then the biases and limitations seemingly inherent in being unable to 'speak as the child' can be minimised or eliminated. Likewise, the intent of research communicating children's voices and perspectives may provide a platform to carry their views into spaces and discourse where they may not have previously been included or

permitted. This follows P'Anson (2011b, 2013), who indicates the need to question how children's perspectives are represented within texts.

James and James (2009, p.13) outline a similar concern in that adults are enabled to "override any wishes and feelings children themselves may have expressed." In the same way, the UNCRC ultimately acknowledges an inability for children's voices to be heard due to adults determining, regulating and screening the application of their perspective (Wyness, 2006). Including and facilitating student voices within educational settings have the potential risk of excluding some voices because of the effects of peer influence and social status (Bernhardt, 2009). Some students will utilise the opportunity to be heard while others will not, which renders the potential for inclusion of children's views and perspectives as having limitations, even if the children wish to have their perspectives sought. Some students may choose not to contribute if they feel their voices are not truly being heard because of the hierarchical structure of childhood.

These current critiques on the application of child voice within education indicate that future research must go beyond what is already being implemented and find ways in which children's voices can be authentically included within educational provisions and practices (Busher, 2012; Robinson & Taylor, 2013). Boocock & Scott (2005) find that children are often resentful when their perspectives and input are not taken into account. This is particularly evident when it has been indicated by the researcher (or other adult) that the child's contribution is wanted and valued. Unclear communication between adults and children contributes to the resentment felt by children when they perceive their input and interests are misrepresented (James & James, 2009; Ruddick, 2007).

To include children's voices authentically and meaningfully within educational planning, adults and policy makers could be more actively aware of, and receptive to, child voice (Robinson & Taylor, 2007, 2013). This must occur within decision-making processes in order to provide opportunities for children to make a valued contribution; it relates directly to the participation aspects of the UNCRC. This contribution must not only be voiced, but also heard and acted upon by adults, to enable children to be active members and contributors to their own lives – a right which currently is not adequately upheld. Even the UNCRC that champions children's voice seems somewhat hypocritical when children have not directly contributed to its development: no children are listed as authors

(Thelander, 2009). If the United Nations actively contravenes its own mandate, a precedent may be set for member nations to justify the selective incorporation of the Articles of the UNCRC into law and practice.

As has been discussed earlier, such inconsistencies in application, interpretation and implementation of seeking children's perspectives, particularly within the context of children's rights, provide both an incomplete picture of the situation for children and varied interpretations of children's capacity.

In order to address ways in which adults may assist children and learn from their lived experiences of childhood, a partnership with children needs to be established. By including children in all conversations about matters that affect them and their lives, particularly at policy and decision-making levels, adults may be able to learn more about how children experience contemporary childhood and add a greater knowledge base and depth to current understandings. This in turn will enable adults to gain a more complete picture of children's life worlds. The information obtained may be used to understand the theories and ideas surrounding children and development. It may also aid in ensuring that various policies and provisions implemented for children are suited to their expressed needs.

In the research including child voice, there is an increasing focus on children in early childhood, in areas such as school transitions and readiness. There is also a growing focus on children in adolescence, in areas such as preparation for adulthood, bullying and transitions from school, which begins to address some of the protection issues identified earlier. Children's voices are also being sought at a governmental level with schemes such as the UK Policy Initiative *Every Child Matters* (2003).¹

Gradually increasing numbers of studies seek and include the voices of children in the early years (Dockett & Perry, 2003, 2007; Dockett, Einarsdottir & Perry, 2011; Dunphy & Farrell, 2011; Harcourt, 2008, 2012; Harcourt & Einarsdottir, 2011; Kupfer, 2011;

¹ This was until *Every Child Matters* was decommissioned in late 2010 following a change of government.

Phillips, 2010, 2011) in an attempt to ensure that the programs and provisions developed for children of this age are suitable and accurately and authentically meet their expressed needs. Similarly, of the research on child voice, adolescents are more widely represented than tweens (Sargeant, 2005) presumably due to the perception that teens have an increased capacity to comment on and discuss matters that directly affect them; although there may be other reasons. However, this emphasis on teens supports the dominant conceptualisation of childhood in which children's views and opinions are considered to have more merit, the closer the children are to adulthood (Archard, 2004).

Inclusion of children's voices in matters that affect them acknowledges their capacity and affords more power to the position of childhood in society than a developmental conceptualisation allows.

Children's Capacity

Australia has recently begun to recognise and focus on children's participation in the early years of education, and the potential of young children's capacity (Conroy & Harcourt, 2009; Early Childhood Australia, 2009; Harcourt, 2008, 2012; Phillips, 2010). Despite the gradual acknowledgement of children's capacities by early childhood professionals, the acceptance and incorporation of children's participation in education is lacking in Australia and internationally. Despite a general acknowledgment of children's right to be heard and have a voice in matters that affect them, the United Nations was required to provide a General Comment to elaborate on what this would mean in practice.

Specifically, each part of Article 12 was deconstructed with the each of the key points within the article elaborated (United Nations, 2009). It was specifically noted that children should not have to prove their capacity: instead, they should be assumed to have capacity until proven otherwise (United Nations, 2009).

There is a deficiency of research that authentically includes children's voice and acknowledges children as having capacity during the middle years of childhood (Children's Research Centre, 2010, 2011, 2012, 2013; Sargeant, 2005, 2007, 2008, 2010). Much of the research on middle childhood aligns with developmental perspectives that provide adultcentric views of children who have been passively involved in the research. As discussed earlier, much of what is thought to be known about children has predominantly been determined through observation and by experimental methods such

as research into peer choices and friendship groups (Schickedanz et al, 2001) and risk taking (Baumgarten, 2003; Ungar, 2008), or with limited studies that investigate the perspectives of tweens beyond developmental issues (Grant & Stephen, 2005; Kellett & Ding, 2004; Sargeant, 2005, 2007; Schor, 2004). With the gradually increasing acknowledgement in some areas of the research of the UNCRC, the perspectives of those in early childhood and adolescence are increasingly being sought about a range of matters that affect them, but those in other stages are still notably underrepresented (Kellett & Ding, 2004; Sargeant, 2005, 2007).

Even the limited research that incorporates the *perspectives* of tweens often appears to focus on subsections of the tween group, mostly prioritising the views and perspectives of those who are nearer to becoming a teenager. For example, Lowe (2003) investigated tween's perspectives of pop music to explore their perceptions of music preferences. Tweens are defined as "those people between childhood and adolescence" (p. 127); despite indicating the research was conducted with tweens, Lowe's sample consisted of two focus groups of 5–6 girls aged 12–14: children at the upper end of the tween years who arguably could have been categorised as adolescents or teenagers – not tweens. In this instance, most of the sample were adolescents whose perspectives could have been considered and interpreted as representative of the perspectives of a group of tweens by readers of the article. Similarly, Grant and Stephen (2005) investigated purchasing decisions and brand behaviours of tweens, whom they defined as "those young people whose ages range from preadolescent to 14 years" (p. 102). They acknowledged the abundance of research on adolescents (teenagers) – those aged between 13 and 19 – and sought to present the views of tweens in this area. The sample for this study involved 6 children aged between 12 and 14, who even by their own description are teenagers. As a result, this overlapping age range of the study participants, may lead to some misrepresentation of the views of teens as tweens rather than considering the views across the broader age range of 8 to 12 year olds. The reported perspectives could then erroneously be considered by readers of the research as representative of tweens.

It is unclear why tweens should be considered to have less capacity than adolescents, particularly as the UNCRC asserts that children's capacity should be assumed (United Nations, 2009) and as children perceive their own competence as greater than what is attributed to them by most adults (Sanders & Mace, 2006). They remain in a subordinate

role defined by adults. If this group of children is positioned as having limited capacity, then the capacity they choose to display and exhibit will be limited (Smith, 2007). Similarly, if they are not provided with opportunities to develop and increase their capacity, they will remain passive participants in their own lives. Sanders and Mace argue that

children and young people judge themselves ready to deal with responsibilities and feel prepared to deal with the consequences of making decisions at an earlier age than would social workers and other adults ... through being involved in the process of participation, children and young people gain skills and confidence and become competent. (2006, p.94)

Adults who consider children to have limited capacity are in turn restricting and limiting children's abilities to exhibit their capacity and actively participate in their own lives.

Power and responsibility

In Australia many significant legal responsibilities begin at the age of 18, including being required to vote and being legally permitted to drink alcohol, purchase cigarettes, drive a car on an unrestricted licence, get married, join the armed forces, and have full criminal responsibility. While there are some exceptions and limitations to these age-normed 'adult responsibilities', the majority of Australian youth can expect to manage these and other tasks from the age when they are considered adult. Expectations about such responsibilities at similar ages across many English-speaking western countries: restrictions are increasingly lifted as children become adults, both in terms of what they are allowed to do, and through increased responsibilities. This is despite the absence of clear indicators to determine when childhood ends and adulthood begins (Coles, 1995; Saraga, 1998; Young et al., 2011).

While adults in Australia are legally responsible for their children, criminal responsibility begins to be assigned to the child from the age of 10 (Australian Institute of Criminology, 2009). Between the ages of 10 and 13, children in Australia are not considered as having the capacity to commit crimes unless the court can prove that they are able to "adequately distinguish between right and wrong" (Richards, 2011, p. 5). Even within Australia, states differ about the maximum age at which to consider people children, and about which

behaviours may still be considered inexperienced and immature at that age (Richards, 2011).

Of the Articles of the UNCRC most relevant to this discussion, Article 1 presents a clear definition of a child as “every human being below the age of eighteen years” (United Nations, 1989, para 13). Despite this definition, the levels of responsibility and capacity afforded to children differs across nation states and are often contextually assessed, particularly in the later teen years. For example, children in Australia are able to drive under the age of majority (Australian Government, 2012); there is no minimum age for employment for children in New Zealand (Department of Labour, 2012); Singapore has compulsory military conscription 18 although the age of consent is 21 years old (Ministry of Defence, 2013); and children in various United Nations member states can be tried in an adult court while they are still children (Kehily, 2004). Inconsistency in how nations consider children’s capacity serves to illustrate how an age-based identification of ‘a child’ is variously interpreted, depending on what each signatory identifies children of different ages capable of doing.

In the current situation, children progress from a relatively powerless position in childhood to one of increased responsibility and change, with little (if any) increase in power, thereby reinforcing the importance of developing an individual’s self-efficacy during childhood. Prilleltensky, Nelson and Peirson (2001, p. 147) suggest children’s competence and “self-efficacy develop through participation in different settings, especially when children and youth have a voice and can influence those settings.”

When considering the tween years specifically, that is, children aged between 8 and 12 years old, Baumgarten (2003, p. 7) indicates that these years incorporate “fears and insecurities lead[ing] tweens, perhaps for the first time, to question their capabilities, and maybe even their futures.” If tweens are not and have not been previously provided opportunities in which they can exhibit and develop their capacity, then they may experience problems with mental health, wellbeing, and general perception of their capabilities. This is particularly evident in the testing context such as NAPLAN (ACARA, 2012). McIntyre, Blacher and Baker (2006, p. 349) claim, that “a child’s successful adaptation to school is likely influenced by a number of factors including academic, social, emotional, behavioural and cognitive competencies.” Well developed coping mechanisms

such as individual efficacy judgements (Bandura, 2006) enable individuals to respond effectively to the range of inputs that they may face.

An individual's perceived self-efficacy is "concerned with people's beliefs in their capabilities to produce given attainments ... thus, the efficacy belief system is not a global trait but a differentiated set of self-beliefs linked to distinct realms of functioning" (Bandura, 2006, p. 307); and an individual's self-efficacy may moderate the likelihood of experiencing depression or pessimism because "efficacy beliefs influence whether people think erratically or strategically, optimistically or pessimistically" (Bandura, 2006, p. 309).

In relation to an individual's future orientation, perceived self-efficacy has been proposed within social cognitive theory as "a pivotal factor in career choice and development" (Bandura, Barbaranelli, Caprara & Pastorelli, 2001, p. 187) and as "a key role in human functioning because it affects behaviour not only directly, but by its impact on other determinants such as goals, aspirations, outcome expectations, affective proclivities, and perception of impediments and opportunities in the social environment" (Bandura, 2006, p. 309). The absence of a developed sense of efficacy can be detrimental to the functioning and coping ability of individuals during significant life events and transitions. Developing a positive sense of self-efficacy can help individuals maintain balance and confidence when faced with change: "youngsters who enter adolescence beset by a disabling sense of inefficacy, transport their vulnerability to distress and debility to the new environmental demands" and "the ease with which the transition from childhood to the demands of adulthood is made similarly depends on the strength of personal efficacy built up through prior mastery experiences" (Bandura, 1994, p. 62). This indicates the importance of the development of self-efficacy in children to respond to the range of inputs presented to them at such times. Efficacy can only be built if opportunities are provided for their capabilities to be recognised, realised and developed, such as through inclusion of perspectives in matters that affect them. This is one of the reasons why inviting children's perspective is so critical.

Thomas (2000, p. 373) suggests a psychological change in children occurs around 10 to 12 years of age that affects "the person's basic attitude toward life ... [and] the extent to which a child will strive to achieve in her adult life." This attitudinal change emphasises the importance of the tween years for both current and future development and

functioning. Determinations of children's capacity within the context of the UNCRC have been further clarified to stipulate that the default position towards children: they are presumed to have capacity until they prove otherwise (United Nations, 2009). Furthermore, the United Nations stipulates all forms of verbal and non-verbal communication to be respected, explicitly indicating through this that even very young children have the capacity to communicate preference and understanding and to participate in decision-making as per Article 13 (United Nations, 1989). Adults acting on behalf of children must first adhere to and implement Articles 12 and 13. Many of the other articles of the convention cannot be fully realised without the inclusion of children's expressed views. Once children's capacity has been established and realised, it is up to adults to act on it (Article 5).

The implications of this for practice are that not only do children have the right to participate in decision-making about matters that affect them: they should also be presumed to have capacity until they demonstrate otherwise. The weight of the views communicated by the child should be interpreted based on the "age and maturity of the child" (Article 12), where maturity consists of "the ability to understand and assess the implications of a particular matter ... [and] the capacity of a child to express her or his views on issues in a reasonable and independent manner" (United Nations, 2009, p. 11). It is here that the principles within Article 5 should be recognised, whereby "appropriate direction and guidance in the exercise by the child of the rights recognised in the present Convention" can serve to ensure that the "best interests of the child" (Article 3) are considered. This ensures that children are invited to participate in decision-making about matters affecting them (Article 12) with their views being given due weight according to their evolving capacities (Article 5), and with their best interests (Article 3) a primary consideration. This is further exemplified by Lansdown (2005c, p. ix) who states:

the concept of 'evolving capacities' is central to the balance embodied in the Convention between recognising children as active agents in their own lives, entitled to be listened to, respected and granted increasing autonomy in the exercise of rights, while also being entitled to protection in accordance with their relative immaturity and youth. It provides the framework for ensuring an appropriate respect for children's agency without exposing them prematurely to the full responsibilities normally associated with adulthood.

The UNCRC (1989) is frequently cited in research that aligns with the sociological perspective of childhood, with Article 12 highlighted as one of the rights that is not being adequately embraced globally, particularly in policy, legislation and practice (Alderson, 2008; Lundy, 2007; United Nations, 1989, 2009). Wells (2009) indicates that acknowledgment and incorporation of children's voice and agency are core goals of the sociology of childhood and are increasingly being included in sociological research (Morrow & Richards, 1996).

The Australian Human Rights Commission recognises the deficiency of inclusion and implementation of children's voices in matters that affect them, noting that "there is no independent body in Australia dedicated to monitoring whether all children's rights are being protected, and ensuring that children's voices are heard and taken into account" (Australian Human Rights Commission, 2011, p. 8). Australia's most recent submission to the Committee on the Rights of the Child acknowledges that while the Australian Government is making some progress towards providing opportunities for children and young people to participate in decision-making on matters that affect them, children younger than 15 are typically not included (Australian Human Rights Commission, 2011). This provides additional evidence to demonstrate how perceptions of children's capacities at different ages influence whether their views are sought or considered. An additional concern raised in the report regards a lack of implementation and inclusion of the concerns and views provided by children on those few occasions when they are consulted.

The Australian Child Rights Taskforce (2011) produced a report outlining the gaps in Australia's implementation of the UNCRC, utilising the perspectives of children to do so. The report argues that "Australia has demonstrated its commitment to children, but not to their rights" and acknowledges the need for children's perspectives to be sought and taken into account (Australian Child Rights Taskforce, 2011, p. iii). Throughout the report, 38 direct quotes from children and young people involved in the consultation are included. Of these, the majority represent the perspectives of those aged 13 and above, and only three views of children under the age of 13 are presented. This provides additional evidence of the absence of children's voices in research, particularly of children under thirteen. Despite children younger than 13 being consulted for the report, their views are still underrepresented, and provide limited evidence of their capacity. More

research that exhibits children's capacity and voice needs to be conducted to aid in strengthening the argument that children should be included in decision-making about matters that affect them, not just because it is their right but because they provide unique, meaningful insights into their lives and experiences. As the Australian Child Rights Taskforce demonstrates, in some cases even those who advocate for children exclude their views.

Article 13 of the UNCRC relates to the ways in which children should be freely able to communicate in means of their own choosing:

the child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice. (United Nations, 1989, para 38)

The importance of this article is particularly pertinent when considering conducting research with children. The article highlights adult responsibility to ensure that children may utilise a range of communicative mediums to contribute to discussions about matters that affect them. The UNCRC (1989) makes frequent reference to considering the "evolving capacities of the child" where those who are legally responsible for the child are to provide "appropriate direction and guidance" (Article 5). However, this should be conducted once the child "who is capable of forming his or her own views" is afforded "the right to express those views freely in all matters affecting the child" (Article 12). The question of capacity arises where it is unclear how the child's ability to form and express opinions on matters affecting them can be decided. Article 5 provides guidance for how adults can and should *respond* to children's voices. It is not enough to let children speak; adults must also do something about it, and act on what they say.

Article 3 of the UNCRC states that decisions affecting children should be made with the 'best interests' of the child as the primary consideration (United Nations, 1989). Often, these decisions do not involve consultation with or input from the child, unless it is regarding a matter that is not seen as important from an adult's perspective, such as deciding what clothes to wear (Franklin, 2002; Saraga, 1998; Smith, 2011a).

Determinations regarding whether children's perspectives should be included are described by Coppock (1997, p. 72) as relying on an "adult third party's assessment of the

legitimacy of that decision through the same paternalistic mechanism of applying the ‘best interests’ rule” with children’s decisions being overridden when adults “deem them not to be in the child’s best interests” (Saraga, 1998, p.133). Hartas (2008, p. 87), however, considers Article 3 as one that “rests on the assumption that children are vulnerable” hence adults are required to make decisions that are in children’s ‘best interests’.

Ironically, the power to judge what is in a child’s best interests is made by adults, who themselves often make decisions that may not be in their own best interests (Saraga, 1998). Determination of what constitutes the ‘best interests’ of the child is left to adults who may or may not have the child’s best interests in mind. This would be a good opportunity to invite children’s perspectives in determining what they consider their ‘best interests’ to be. Children’s voices have been absent from decision-making about their lives, despite participation in these and other matters that affect them being one of their fundamental rights (Article 12). Children’s invisibility in decision-making “enables adults to exercise power over children above and beyond that required to nurture and protect children into adulthood” (Save the Children, 1995, p. 7), and is essentially counterproductive.

Articles 12–15 of the UNCRC relate specifically to the right to be heard, the right to expression and the right to freedom of thought and association. These Articles all relate to children’s participation rights; their contributions are noticeably absent when childhood is conceptualised as a time of *becoming*, as in developmental positioning, or when children are considered vulnerable or in need of protection. In these instances, children are “presumed incapable of making choices for themselves” (Archard, 2004, p. 74) and are excluded from decision-making that affects their lives.

The absence of children and their perspectives on matters that affect them is concerning as there appears to be no logical argument why their perspectives should not be sought. The United Nations stipulates that “it is not necessary that the child has comprehensive knowledge of all aspects of the matter affecting her or him, but that she or he has sufficient understanding to be capable of appropriately forming her or his own views on the matter” (United Nations, 2009, p. 9). By this reasoning, there are no topics that could be raised for discussion with children, or that children could raise themselves, where an opinion or view could not be formed.

Non-inclusion of children and their perspectives is particularly evident in educational settings, with Smith noting that despite understandings of childhood having changed across time and contexts,

childhood and children's needs, are socially constructed – in other words, they are what we think they are. It seems that in many educational settings, children are not understood to be capable, competent, responsible, and able to contribute to decisions. (2007b, p. 152)

This is something that requires further investigation.

Research with children

Many things need to be considered when conducting research with children that is designed to provide a platform for them to express their ideas and participate in decision-making processes. Hill (2006) examined children's views and preferences on research methods that aim to give them a voice. In Hill's study, adults evaluated both qualitative and quantitative methods to determine children's communicated preferences when participating in research. Despite attempting to cater for children's preferences with regard to research, and facilitating a neutral context in which the research was to occur, ultimately adults conducted the research and children were represented by adults (Ruddick, 2007).

Matters of interest to researchers relating to children and childhood are typically those considered important by adults (Birbeck & Drummond, 2005), and reflect contemporary societal preconceptions (Hill, 2006). Birbeck and Drummond (2005, p. 582) state that "research with children tends to be a process that is devised by adults, applied to children with results interpreted by adults, generalised and presented as a theory of childhood'. To answer this criticism, it is important to ensure that children's perspectives have a place in research and in practice. It is only within those fields where children's perspectives are valued that researchers and wider society take children's views into account.

Other factors to consider prior to conducting research with children include how children are positioned within a study. While there is an acknowledged approach of research *for* children (Alderson, 2004), Kellett (2010, p. 22) outlines four other distinct approaches to conducting research that involves children:

- research *on* children,
- research *about* children,
- research *with* children, and
- research *by* children

Within each of these approaches, varying degrees of power and considerations of children's capacity are afforded. Research *on* children involves practices that seek to report on children and childhood, often with the children's involvement limited to a passive role. This may include research that is conducted on behalf of children or *for* children's benefit. Research *about* children seeks to describe varying aspects of children and childhood, and children's participation may also be limited. Research *with* children seeks to provide children a greater participatory role in the research process. It tends to involve children directly at key points in the process, such as design, dissemination and analysis. Within this research, children may be afforded varying responsibilities and opportunities of power within the process. Research *by* children involves the child at each stage of the research process as the question and each stage of the research process are initiated, conducted and led by the child (The Children's Research Centre, 2010, 2011, 2012, 2013; Hunleth, 2011; Kellett, 2010; Sargeant & Harcourt, 2012).

Children's capacities are gradually being acknowledged in research, with some researchers seeking to actively and authentically include children of all ages in different stages of the research process, to varying extents (Robinson & Taylor, 2013). This includes research conceptualisation (Kellett, 2005), design (Harcourt, 2008; Kellett, 2005) and dissemination (Harcourt, 2012; Kellett, Forrest, Dent & Ward, 2004; Kinash & Hoffman, 2008; Kinash & Kinash, 2008). The Children's Research Centre (2010, 2011, 2012, 2013) provides a comprehensive list of work that has been conducted and led *by* children. In acknowledging children's competence and being aware of their role in each project's research process, researchers are now including children in research and identifying them as competent in capacities as varied as research partner, participant and contributor (Conroy & Harcourt, 2009; Harcourt, 2008, 2012; Kellett, 2005, 2010; Kinash & Hoffman, 2008; Kinash & Kinash, 2008).

When conducting research with children, Hill (2006) found different preferences emerged, dependent upon factors such as personality, temperament, competence and

confidence with reading and/or writing, whether the research was 'better' than what they would be doing otherwise, and whether the research took away from their social or personal 'free' time. Smith, Taylor and Tapp (2003, p. 203) emphasise the importance of interacting with children in activities thought to benefit them, to aid in developing competence and to "jointly construct understanding and knowledge." Similarly, young people have indicated that they are more likely to participate in research if individuals of similar age or circumstance have assisted in the creation and development of its methodologies (Hill, 2006).

Absence of children's voices

As discussed throughout this chapter, there are a number of areas where children's voices are absent in contemporary programs, provisions and practices. Educational planning is a component of contemporary schooling that currently does not contain the voice of children (Harland, 2007; Mortimer, 2004). In some instances, this is beginning to change (Halsey, Murfield, Harland & Lord, 2006; Robinson & Taylor, 2013). Educational planning includes forms of authentic assessment wherein children can demonstrate their thoughts, views and knowledge of a topic in the form of learning logs and student journals (Salend, 2000). While this does not integrate the voice of children in the specific planning of educational activities, it provides children with an avenue through which to make their voices present (Bernhardt, 2009; Gilman, 2007; Salend, 2000).

It is apparent that current educational planning and frameworks have been developed in the best interests of children, yet children are not consulted in contributing to the design and implementation of their own learning processes. Once effective programs have been devised and developed with the input of children, the programs must be authentically and effectively implemented to ensure the needs of all children are met (Gilman, 2007; Mortimer, 2004). Wyn (2009) affirms that particularly within formal educational settings, children and young adults are often not valued for their potential or decision-making capabilities. This renders them recipients of learning, as opposed to active participants in the process. Even if child voice is considered in educational planning and provisions, the extent to which it is authentically included and interpreted may be misrepresentative of children's explicit interests or intentions, because it is filtered or mediated through adults (Kirby & Gibbs, 2006; Lewis, Newton & Vials, 2008; Mortimer, 2004).

Inclusive education in a traditional sense involves focusing on children with specific special educational needs; however, when considered more broadly, it should encompass any and all persons who have experienced being marginalised regardless of race, gender, culture and ability (Gilman, 2007; Kugelmass, 2006; Messiou, 2006). As children have been a minority social group and marginalised for many years (Davies & Wright, 2008; Mayall, 2002; Wyness, 2006), they fit within the marginalised group mould (Messiou, 2006; Ruddick, 2007). Messiou (2006) argues that enabling the voices of marginalised individuals to be heard will enable an effective solution to be implemented –particularly within an educational setting. Salend (2000) asserts that one component of inclusion programs is to ensure that positive behavioural, social and emotional experiences are achieved. This minimises perceived differences, attitudes and inequalities between individuals in the schooling environment. Gilman (2007) promotes the many benefits of inclusion in the schooling environment, including the development of life skills, acceptance, respect and understanding, while valuing children and their contributions as individual members of society.

While inclusion programs currently in place in Australia may strive to meet the needs of all children involved, they do not specifically require the ‘inclusion’ of children’s voices. Inclusion within education has the fundamental prerequisite of ensuring that the programs in place meet the needs of students in terms of their physical, social, emotional and educational aspects (Kugelmass, 2006; Salend, 2000). As identified earlier, educational settings are the physical location for a number of areas of concern in the implementation of children’s rights in Australia across all three Ps: protection, provision and participation. Educational practice may also benefit from children’s involvement in the planning, development and evaluation of programs designed to benefit them.

Authentic inclusion of children’s voice in educational matters is “complex, and needs to balance children’s rights and adult responsibilities ... children’s inclusion should be actively pursued at all levels” (Davies & Wright, 2008, p.28). In an educational setting, children need to be valued and included in determining opportunities that not only meet their needs but provide them with circumstances to demonstrate, in an authentic manner, the skills and understanding that they have. The needs of the individual child must be considered, to maximise the authentic inclusion of child voice within educational settings and to ensure that children are contributing to their education. Their contribution to the

curriculum can aid in ensuring that relevant opportunities are developed that demonstrate children's individual preferences, skills and personal attributes (Robinson & Taylor, 2013; Salend, 2000). To do this, children's capacities need to be acknowledged, embracing the plurality of childhoods that can be experienced differently across and within contexts (Burke, 2008), and children's inherent capacities.

Positioning of children for this research

This chapter has provided an overview of the sociological perspective on childhood and broadly discussed children's rights in the context of Australia and education. For the forthcoming research, children are positioned as capable informants and active in the construction of meaning. Children's views are accepted at face value (Cohen, Manion & Morrison, 2007; Denzin & Lincoln, 2011; Sargeant & Harcourt, 2012) as they are assumed to have capacity to contribute meaningfully to discussions about their lives and other issues. The incorporation of children's views and inclusive position on childhood are underpinned by the core ideas of the sociology of childhood that considers childhood to be an important and unique period of life in itself, worthy of independent study. Children's voices are important to discover, and their contributions to research, policy and educational development will contribute additional insight that adult perspectives alone cannot provide. Lansdown states,

listening to children and taking them seriously is important because children have a body of experience and views that are relevant to the development of public policy, improving the quality of decision-making and rendering it more accountable. Beyond this, it is an essential element in their protection. Children who experience respect for their views and are encouraged to take responsibility for those decisions they are competent to make will acquire the confidence to challenge any abuse of their rights. (2005b, p.124)

Listening to children and their perspectives aids in actualising the underlying components of children's rights as outlined in the UNCRC, by increasing the accessibility of the provision, protection and participation mandates stipulated throughout.

Key issues about childhood

The key issues about childhood that are relevant for this research pertain to how children are perceived and responded to, particularly in relation to their capacity to make meaningful contributions and be active participants in decision-making related to their lives. The UNCRC provides a guideline covering a variety of aspects broadly related to achieving wellbeing for children. However, as Burr and Montgomery (2003, p. 166) argue, “giving children rights is not an end in itself. They must be implemented, any violations investigated and rectified and the far less tangible issue of children’s quality of life must be examined.” To do this, a greater understanding of children’s wellbeing should be obtained.

Before commencing an exploration of the notion of wellbeing in the next chapter, it may be worthwhile to provide a brief summary of the key issues that have emerged from the literature reviews so far. The discussions in chapters two and three reveal two underlying issues relevant for this research that concern adult perceptions of children’s capacity and the importance of children’s wellbeing. Varied views of children’s capacity serve to perpetuate a dominant view of children as lacking the knowledge, experience and maturity to make meaningful contributions to matters that affect their lives. Viewing childhood solely from a developmental position, where the value and importance of the lived experience of childhood is not considered, fails to recognise the richness and depth inherent within children’s lived experience that a sociological positioning provides.

Chapter 4: Wellbeing

researchers often report that they are measuring a child's wellbeing when in fact they are assessing a single domain or indicator of wellbeing, not recognising they are merely assessing one aspect of wellbeing.

(Pollard and Lee, 2003, p. 67)

Introduction

This chapter focuses on the notion of wellbeing, an issue that directly affects children through the rise in policy, and the provision of ways to address and enhance an individual's wellbeing. This is particularly evident in educational contexts where there is increasing focus on 'student wellbeing programs' that seek to address concerns identified by adults. The notion of wellbeing, while popularised, is elusive, and even adults have difficulty conceptualising it. The question may therefore be asked: how could children's ideas of wellbeing contribute to what we, as adults, currently consider it to be? To frame the children's contributions, adult (mis)understandings of wellbeing must first be explored.

This chapter provides an overview of the research relating to wellbeing and illustrates how the notion of wellbeing is integrally linked with the experiences of childhood. For the purpose of this study, wellbeing is represented as the issue around which children's capacity can be explored. This chapter discusses the range of understandings of wellbeing, and the inconsistencies in the little research that considers children's conceptualisations of wellbeing. A key issue that emerges from the literature centres not only on how wellbeing is conceptualised by children, but also on children's underlying capacity to conceptualise it. The chapter begins by exploring general understandings of wellbeing across commonly accepted domains of general wellbeing.

General wellbeing

Wellbeing in its broadest sense encompasses all aspects of the human experience as perceived by an individual at any given time. Despite a lack of consensus in terms of a definition, some researchers do present a preferred position. McAllister defines wellbeing as

More than the absence of illness or pathology; it has subjective (self-assessed) and objective (ascribed) dimensions; it can be measured at the level of individuals or society; it accounts for elements of life satisfaction that cannot be defined, explained or primarily influenced by economic growth. (2005, p. 2)

Shah and Marks (2004, p. 2) define wellbeing as “more than just happiness. As well as feeling satisfied and happy, wellbeing means developing as a person, being fulfilled, and making a contribution to the community.” Dodge, Daly, Huyton and Sanders (2012, p. 230) define wellbeing as “the balance point between an individual’s resource pool and the challenges faced” while the *Well-being Institute* of the University of Cambridge defines wellbeing as “positive and sustainable characteristics, which enable individuals and organisations to thrive and flourish” (Huppert, 2008, para 1). The Australian Institute of Health and Welfare (2007) considers wellbeing to be a social construct that is dependent on how an individual responds to negative inputs and builds their resilience from these experiences, however there is contention as to whether wellbeing should be considered a construct (Seligman, 2011) or a state (Dodge et al., 2012).

While there is no commonly agreed *definition* of wellbeing, there is some consensus that wellbeing is:

- Multifaceted (Camfield, Streuli & Woodhead, 2009; Fraillon, 2004; Pollard & Lee, 2003)
- Dependent on context (Crivello, Camfield & Woodhead, 2009; Fattore, Mason & Watson, 2007; Pollard & Lee, 2003)
- Inclusive of social, economic/environmental, psychological, emotional, and cognitive components (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; Ryff & Singer, 1998; Schickler, 2005).

While the above definitions incorporate some of the common characteristics of wellbeing acknowledged in the wider literature, a greater exploration of the difficulty surrounding conceptualisation and associated elements of wellbeing is needed. Many of the characteristics commonly associated with wellbeing fluctuate in response to different circumstances and contexts experienced by an individual (Fattore, Mason & Watson, 2007; Ryan & Travis, 1981; Weston, 1999). As such, definitions that focus on positive

characteristics alone are insufficient for defining wellbeing, which is acknowledged as ever-changing and not a fixed entity (Schickler, 2005).

The importance of context is highlighted when considering wellbeing to be “a socially contingent, culturally anchored construct that changes over time, both in terms of individual life course changes as well as changes in socio-cultural context” (Crivello, Camfield & Woodhead, 2009, p. 53). The way that wellbeing is conceptualised and responded to may therefore differ across different contexts, societies, groups and times. When considering the relevance of wellbeing for different individuals and groups, wellbeing measures and policies need continual evaluation and reassessment to ensure that they are still meeting the needs of a society (McAllister, 2005). These needs may vary across different contexts and groups of individuals, and may range from basic survival needs to higher *being* needs across physical, social, cognitive, spiritual, environmental, economic and psychological domains (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; La Placa, McNaught & Knight, 2013; Maslow, 1970; Pollard & Lee, 2003; Ryan & Deci, 2001; Ryff & Singer, 1998; Schickler, 2005; Urbis, 2011). Many characteristics commonly associated with wellbeing fluctuate, depending on the context, and circumstance, in which individuals find themselves (Fattore, Mason & Watson, 2007; Ryan & Travis, 1981; Weston, 1999).

The notion of wellbeing, even in its most broad sense, has been theorised for centuries through the works of philosophers such as Aristotle and Epicurus (Kraut, 2010; Magee, 2010; O'Neill, 2006) and by asking “how one ought to live” (La Placa, McNaught & Knight, 2013, p. 116) and “what constitutes a good society” (Ryan & Deci, 2001, p. 143). The historical origins of wellbeing being achieved through living a good life and the pursuit of happiness inform some of the contemporary debates on wellbeing.

Aristotle questioned ethics and the nature of ‘being’, which led to theorising that ultimately humans want to “live well” (Kraut, 2010, para 6) and achieve a “happy life” (Magee, 2010, p.38). To do this, Aristotelian thought posits that man ultimately strives for eudemonia (happiness/bliss) as the “highest good” (Kraut, 2010, para 5). Aristotle questioned the purpose of life so humans could understand how eudemonia might be achieved. If the purpose or meaning of life is known, then the steps to achieve eudemonia can be identified and accomplished. Aristotle said “not that happiness is a virtue, but that

it is a virtuous activity. Living well consists in doing something, not just being in a certain state or condition. It consists in those lifelong activities that actualise the virtues of the rational part of the soul” (Kraut, 2010, para 8).

A eudemonic position towards wellbeing therefore illuminates the need to be aware of how individual actions and achievement of eudemonia (‘wellbeing’) cannot be evaluated until after a person is dead, as until then they are still in the process of pursuing the highest good. O’Neill (2006, p. 166) describes Aristotle as challenging the idea that wellbeing ends at death, saying that “if what we actually can do and be that matters, then what happens after our deaths can matter to how well our life can be said to go now ... it can matter to us the way that the future will be and we have a stake in creating a particular future.” The effect and influence that an individual may have in life may have ongoing or future effects and influence the achievement of eudemonia for others. Therefore, if seeking to evaluate whether one has achieved eudemonia, or to appraise an individual’s life and wellbeing, the future should also be considered. It could then be argued that the evaluation of wellbeing is never complete. As such, an individual’s holistic wellbeing may never truly be able to be objectively evaluated as complete, as it continues to evolve and respond to past and present conditions with each influence having a direct impact on a person’s future wellbeing potential. For Aristotle, individual characteristics such as ethics, virtue, personality and living a full life are keys to achieving happiness or eudemonia (Magee, 2010). Wellbeing may be considered the process of being by which eudemonia is achieved, which may have the ability be affected and influenced after death.

In contrast to this position are hedonic theories where the focus moves to maximising pleasure and minimising pain (Moore, 2004) in order to achieve wellbeing. Hedonic theories explore the extent to which pleasure and pain underlie human action and motivation and, as O’Neill (2006, p. 162) explains,

as far as our own well-being is concerned life before we existed is a mirror of life after we die. Neither matter to us. If well-being consists in having the right mental states of pleasure and the absence of pain, then neither what happens before or after we die can affect our wellbeing. Hence both should be a matter of indifference to us as far as our own wellbeing is concerned.

A significant hedonic perspective is found in Epicurean philosophy, which focuses on living an enjoyable life and acknowledges the importance of social aspects in achieving happiness. O'Neill (2006, p. 161) describes happiness as "a matter of securing those stable pleasures that could be realised among a small group of friends." As with other hedonic theories, Epicurean philosophy ultimately aimed to "liberate people from fear, not only the fear of death but the fear of life. In an age when all forms of public life were unpredictable and highly dangerous, it taught people to seek happiness and fulfilment in their private lives" (Magee, 2010, p. 44). Rather than individuals needing to focus on being virtuous, it was thought that wellbeing or happiness could be achieved by focusing on living a life that was pleasurable and enjoyable. Ryan and Deci summarise the hedonistic and eudemonic positions on wellbeing in that

hedonism ... reflects the view that wellbeing consists of pleasure or happiness. The second view [eudemonism] ... is that wellbeing consists of more than just happiness. It lies instead in the actualisation of human potentials ... [Both views] are founded on distinct views of human nature and what constitutes a good society. (2001, p. 143)

The focus on wellbeing through life, however, would not be complete without an acknowledgement of death and dying, where the finality of the physical human experience for each individual occurs. The existentialist view challenges the 'problem' of death to equip individuals with the necessary perspective to live a meaningful life. Existentialist positioning on individual existence and wellbeing informs what Heidegger terms 'being-toward-death' (Hinman, 1978). To explain this further, the way an individual embraces and accepts mortality and imminent death is key to how the meaning in life is constructed until that time. From this, how an individual constructs, responds to and explains experiences may contain inherently existential or spiritual rationales. As Hinman puts it,

Heidegger maintains that any question – including the question of being – involves presuppositions, including a preliminary understanding of what one is looking for. The turn to Dasein [human existence] is made in order to discover the presuppositions about being which govern everyday life. (1978, p. 194)

He continues by explaining that

at any given moment, man stands in both an affective and a cognitive relationship to his own future and past. Categorical descriptions, insofar as they are limited solely to what man as a physical object is at any given moment, do not in principle have access to the kind of temporality that characterises human existence. (Hinman, 1978, p. 195)

This acknowledges the impact of past and present as well as perceived and actual future on the meaning of life for each individual, and how these considerations impact on 'being'. The perceived future is an aspiration or idea surrounding how the individual exists in a state of 'being-toward-death' (Hinman, 1978). Regardless of what an individual's spiritual alignment may be, any points of being between birth and death can be considered in terms of being-toward-death, as death (at least of the physical body) signifies the finality of life.

Some key issues emerging from this discussion lead into subsequent discussions in this chapter. Understandings of wellbeing are described and considered synonymously with other concepts such as happiness, eudemonia and hedonism. Even within the two very broad areas of Aristotelian (eudemonic) and Epicurean (hedonic) philosophies, contrasting views and opinions exist, particularly surrounding the evaluation of wellbeing and the role of death in understanding it. The hedonic perspective may be broadly understood as defining wellbeing in terms of short-term gratification, with the intent that this gratification be continued as long as possible. This is in contrast to an eudemonic perspective where wellbeing is more long-term and enduring. However, neither of these perspectives is completely useful in supporting an holistic view of wellbeing because of their contrasting foci. It is also clear that while there are some similarities between these broad perspectives of wellbeing, there is no definitive conceptualisation. Even in contemporary discussions of wellbeing, there are difficulties in determining how wellbeing can be clearly defined.

The domains of wellbeing

Wellbeing is an 'elusive concept' that is difficult to define (Camfield, Streuli & Woodhead, 2009; Crivello, Camfield & Woodhead, 2009; La Placa, McNaught & Knight, 2013; McAllister, 2005; Pollard & Lee, 2003), with definitions of wellbeing considered ambiguous and "contested in the literature" (Jones & Sumner, 2009, p. 33). A critical

contribution to the difficulty in defining wellbeing may be the interdisciplinary nature of the concept, and of finding common ground from which to understand wellbeing across contexts and disciplines. As Michalos (2008 p. 354) states “human wellbeing is too multifaceted to be captured by a single discipline” resulting in a problematised interdisciplinary critical discourse about what the term actually means. Camfield, Streuli and Woodhead (2009, p. 69) describe wellbeing as “used more as an umbrella term to encompass specific concepts and indicators such as ‘psychosocial adjustment’, ‘positive self-concept’, ‘nutritional status’ or ‘educational achievement’ ” rather than being clearly defined. Wellbeing has been considered “socially contingent, a construct embedded in society and culture and prone to change and redefinition over time” (Fattore, Mason & Watson, 2007, p. 11), with no agreed cross-disciplinary definition of the construct of wellbeing in itself (Dear, Henderson & Korten, 2002; Dodge et al., 2012; Hird, 2003; McNaught, 2011; Urbis, 2011; Watson, 2010).

Early attempts at defining and classifying wellbeing often focused on the domains of; social, physical, cognitive, economic, and psychological (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; La Placa, McNaught & Knight, 2013; McAllister, 2005; Pollard & Lee, 2003; Ryff & Singer, 1998; Schickler, 2005; Urbis, 2011). While many authors recognise that there are domains, few go into detail about them unless they are reporting on them in relation to measurement and indicators. As Fraillon (2004, p. 20) notes, while definitions and descriptions for wellbeing often reflect many of the same key elements, “each element is not represented in each definition; rather, each definition contains at least one element.” Here lies the difficulty in understanding wellbeing in its most general form.

Children’s wellbeing has gained increasing focus globally, particularly through policy and provision (Ben-Arieh, 2006, 2008; Bradshaw, Hoelscher & Richardson, 2007; Camfield, Streuli & Woodhead, 2009; Coppock, 2010; Federal Interagency Forum on Child and Family Statistics, 2012; Land, 2012; UNICEF, 2007, 2013; Watson, 2010; Watson, Emery & Bayliss, 2012). This is particularly manifested through the range of educational programs designed to cater for different aspects of children’s physical and socio-emotional wellbeing within educational contexts (Farrell, 2008; Hallem, 2009; Humphrey, Lendrum & Wigelsworth, 2010; Queensland Government, 2008; Watson, 2010). The

following discussion of the domains of wellbeing will be contextualised with reference to children.

Physical

The physical domain of wellbeing is most frequently used to describe physical health and health-related aspects. This aspect of wellbeing can be measured objectively through information such as weight, height and other indicators of an individual's physical health (Hird, 2003; McAllister, 2005). Wellbeing has also been considered a factor within a larger health-related construct, with the focus evolving from wellbeing being merely a component of health to its becoming a field of holistic interest in its own right (Fraillion, 2004). However, as Schickler (2005, p. 226) notes, "wellbeing and health are different concepts; they may coexist, and one may affect the other, but either can exist without the other."

The physical domain of wellbeing has proven relevant for research about children's wellbeing relating to "physical health ... physical examinations, assessments of participation in physical activities, wellness knowledge, and eating attitudes" with some studies also including "variables of risk behaviour, such as smoking and drug use" within this domain (Pollard & Lee, 2003, p. 68). In ranking the wellbeing of children living in economically rich countries, the UNICEF (2013) Index of Child Wellbeing in Rich Countries investigates the dimension of 'health and safety', which includes the components of "health at birth, preventative health services, and child and youth mortality." Also relating to the broad domain of 'physical wellbeing' in the UNICEF report are "behaviours and risks" that include "eating and exercise, risk behaviours, and exposure to violence" (UNICEF, 2013, p. 22). Within these, 'risk behaviours' include factors such as teen pregnancy rates as well as alcohol, cigarette and drug use. Fighting and being bullied are included; however, these may be placed within a psychological or social domain categorisation in other conceptualisations of wellbeing (Camfield, Streuli & Woodhead, 2009; Pollard & Lee, 2003).

Cognitive

The cognitive domain of wellbeing is represented through the theme 'educational wellbeing', consisting of the components "participation" and "achievement" (UNICEF, 2013,

p. 16). Participation in this context refers to enrolment in education rather than participation in active terms as described earlier in this thesis. The 'achievement' domain consists of academic achievement scores in international standardised tests such as PISA (OECD, 2012) across maths, science and reading. Pollard and Lee (2003, p. 64) support this conceptualisation of the cognitive domain for wellbeing and describe it as consisting of "those indicators that are considered intellectual or school-related in nature" and related to how individuals process information (Bornstein, Davidson, Keyes & Moore, 2003; Fraillon, 2004; Pollard & Davidson, 2001; Pollard & Lee, 2003)

When measuring children's wellbeing within a cognitive domain, "assessment [focuses] primarily on academic achievement and intelligence tests; however, measures of creativity, memory, classroom behaviour, perceived competence in academic ability, and whether or not the child or adolescent was satisfied with or liked school [are] also identified" (Pollard & Lee, 2003, p. 68). This reflects how elements within each domain of wellbeing may overlap or intersect other domains, and highlights the importance of context when analysing results. General understandings of formal education and training are also included within the cognitive domain (ARACY, 2008; Bradshaw, Hoelscher & Richardson, 2006; UNICEF, 2007). The cognitive domain has also been discussed as existing within other domains such as the psychological or the social (Fraillon, 2004).

Social

Relationships and interpersonal skills feature in the social domain of wellbeing (ARACY, 2008; Bradshaw, Hoelscher & Richardson, 2006; Fraillon, 2004; Hird, 2003; OECD, 2013; UNICEF, 2007, 2013). In describing the elements most commonly assessed in research investigating this domain, "family and peer relationships, the availability of emotional and practical support, personal resources, socially desirable behaviours, and interpersonal" aspects are identified (Pollard & Lee, 2003, p. 68). Included within this are determinations surrounding individual behaviours, values, relationships, participation and social skills. Participation within the social domain relates to the extent of an individual's involvement in social and relationship interactions.

The social/relationship domain of wellbeing is considered to be important to children, as reflected through the range of research that identifies this as important for children's wellbeing (Bottrell, 2007, 2009; Bradshaw, Hoelscher & Richardson, 2006; Coppock,

2013; Fraillon, 2004; Ipsos Mori & Nairn, 2011; Sargeant, 2010; Ungar, 2004; Wickstrom, 2013). Fraillon (2004, p. 36) describes an “interpersonal dimension” of student wellbeing as “a student’s appraisal of their social circumstances and consequent capacity to function in their school community ... [through] communicative efficacy ... empathy ... acceptance ... [and] connectedness.” Reports about wellbeing, such as *How’s Life? Measuring Wellbeing* (OECD, 2013) also reflect the social domain of wellbeing, examining the “social connections” in one’s life.

Economic

The economic domain of wellbeing is often objectively considered and measured (ARACY, 2008; Hird, 2003; OECD, 2013; Pollard & Lee, 2003; UNICEF, 2013). Aspects such as income, GPD, socio-economic status, employment and economic provision are some of the indicators used to determine the extent an individual, community or nation has wellbeing (Diener, Lucas, Schimmack & Helliwell, 2009; Forgeard, Jayawickreme, Kern & Seligman, 2011; La Placa, McNaught & Knight, 2013). Large scale international surveys and wellbeing ‘indexes’ are administered to rank nations and determine how individuals and communities are faring. OECD describes “measuring the well-being and progress of societies” as “one of the key priorities ... looking not only at the functioning of the economic system but also at the diverse experiences and living conditions of people and households” (2013, para 1).

Within the economic domain, reports such as *How’s Life? Measuring Wellbeing* (OECD, 2013) investigate wellbeing through examining people’s quality of life and material conditions across income and wealth, jobs and earnings, housing conditions, work and life balance, education and skills, environmental quality, civic engagement and governance,. OECD has constructed a framework for measuring wellbeing and progress that broadly considers sustainability, material conditions and quality of life (OECD, 2013), with these aspects paralleled in other reports investigating children’s wellbeing (ARACY, 2008).

UNICEF (2013) research into children’s wellbeing ranks countries across the economic factors of ‘housing and environment’ and ‘material well-being’. Pollard and Lee (2003, p. 68) have determined that within the economic domain of wellbeing, “family resources,

adequacy of parental income, and economic hardship” dominate measurement of economic wellbeing.

Psychological

The psychological domain incorporates feelings, emotions, affect, attitude, mood, and a variety of ‘self’ indicators (self-concept, self-awareness, self-perception, self-esteem, self-worth, self-satisfaction) (Fraillon, 2004; Pollard & Lee, 2003). La Placa, McNaught & Knight (2013) describe wellbeing as initially conceptualised as a component within the psychological domain rather than a unique and independent construct in its own right. This may be one of the reasons for the confusion in clearly defining wellbeing, as terms that are inherently psychologically focused are often used as synonyms for wellbeing, yet do not encompass all that is thought to be wellbeing, including positive mental health, happiness, and wellness (Fraillon, 2004; Pollard & Lee, 2003). Rathi and Rastogi (2007, p. 32) suggest that wellbeing consists of “autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance,” with many of these relating to the psychological (self) domain. Pollard and Lee (2003, p. 64) also identify “psychosocial perspectives [that] fall within the psychological domain ... includ[ing] indicators that pertain to emotions, mental health or mental illness.” These indicators are often measured via subjective wellbeing (SWB) measures that are constructed and administered within a psychological environment, where emotional reactions, assessments and feelings are used to assess and describe various aspects of an individual’s wellbeing (ARACY, 2008; Bradshaw, Hoelscher & Richardson, 2006; UNICEF, 2007, 2013).

The psychological domain includes other indicators that have been previously identified as also existing within other domains, such as eating-related disorders (physical) or behavioural problems and deviant behaviour (cognitive) (Pollard & Lee, 2003). Also within the psychological domain of wellbeing are the features of wellness which Hattie, Myers and Sweeney (2004, p. 363) propose consist of interconnected components within higher order dimensions of “creative self, coping self, social self, essential self, and psychical self ... [and] a way of life oriented toward optimal health and wellbeing in which mind, body and spirit are integrated by the individual to live life more fully.” These

concepts contain agreed elements of what is understood to be wellbeing, and contribute to developing current contemporary understandings of the concept more broadly.

La Placa, McNaught & Knight (2013) list the indicators of “satisfaction, anxiety and happiness” as within the psychological domain of wellbeing. A study by Schickler (2005, p. 221) found the term ‘wellbeing’ was used by participants to describe “connotations of higher feelings, such as enjoyment and vitality, being in control of one’s life and of ethical congruity.” The research states that wellbeing is

about achieving one’s potential and being able to do all that one wants to do because one had energy and vitality ... being engaged, active and involved, in control and making one’s own decisions ... having a secure, accepting and pleasant environment. About autonomy, authenticity and freedom, but being connected to and loved by others ... having good self-esteem and being accepting and loving of oneself and one’s limits. (Schickler, 2005, p. 221)

In each of these examples, wellbeing is consistently associated with feelings of positivity, although in its broadest sense, an individual’s wellbeing can be both positive and compromised at any given time and is continually reconstructed and fortified by both positive and negative experiences (Diener & Oishi, 2005; Dodge et al. 2012; Kim-Prieto, Diener, Tamir, Scollon & Diener, 2005; Morgan et al., 2007; Weston, 1999). For example, physically ill patients can and do report instances of experiencing positive wellbeing while medically, physically or clinically unwell (Schickler, 2005). This example supports a construction of wellbeing that may be positive while compromised, but not necessarily negative.

Wellbeing is often referred to in mental health research as the interplay between presence of positive wellbeing and the absence of mental illness; not on the presence or absence of one component in isolation (Keyes, 2006; Keyes & Lopez, 2002; McAllister, 2005; Ryff, 1995; Ryff & Singer, 1998). In contrast to the definitions for wellbeing provided earlier (Dodge et al., 2012; Huppert, 2008; McAllister, 2005) these references to wellbeing in the context of mental health do not incorporate all that is understood to be wellbeing. Keyes and Lopez (2002, p. 48) note that researchers in mental health research commonly investigate the *dimensions* of social, emotional, or psychological wellbeing, suggesting wellbeing is simply either a synonym or a “symptom of mental health”. This suggests that

wellbeing, defined only in terms of social, emotional and psychological components, may be a symptom of mental health within the broader category of health. As there is no consensus in definition for the term, it remains variously considered as an independent concept, one incorporated within a sub-section of health, or one overlapping another construct (such as health). With such lack of clarity in understanding wellbeing, confusion is to be expected.

Spiritual

Within discussions on wellbeing, the spiritual domain is widely debated, with some researchers considering it a broad enough component of the overall construct of wellbeing, to be its own domain (Fisher, Francis & Johnson, 2000; Whitford & Olver, 2012), while others consider it a component within the broader psychological domain (Fraillon, 2004). In light of the earlier discussion surrounding existentialist positioning on death, spirituality as a distinct domain could be potentiated. A spiritual categorisation could include indifference to death, consideration of life, purpose, meaning, as well as questions surrounding human existence and being (Adams, 2009; Adams, Benzer, Drabbs, Zambarano & Steinhardt, 2000; Fraillon, 2004). Within the context of research on quality of life and wellbeing, spirituality has been defined as “a personal search for meaning and purpose in life, connection with a transcendent dimension of existence, and the experiences and feelings associated with that search” (Peterman, Fitchett, Brady, Hernandez & Cella, 2002, p. 49). It has also been considered broadly as “integrating all aspects of human life and experiences” (Fisher, Francis & Johnson, 2000, p. 133). Fraillon (2004, p. 34) describes spirituality within school contexts as “demonstrations of directedness; connection to the past present and future worlds around them (beyond the school community); and consistency in expression of fundamental beliefs that drive students and give purpose to their lives.” By this, it is apparent that meaning in life, spirituality and wellbeing are integrally related.

However, positing the spiritual domain of wellbeing as an independent domain becomes problematic when conceptualising wellbeing as having the potential to include the ‘meaning of life’ and happiness’, as the domains of spiritual and holistic conceptualisations of wellbeing are then the same. This would make either the holistic conceptualisation of wellbeing, or the narrower domain of spiritual wellbeing, redundant.

If, however, spiritual wellbeing is considered as a component of the broader domain of psychological wellbeing, the key ideas inherent within the domain are more easily grasped and categorised, as there is already a general consensus that the psychological domain is one of the core aspects of the overall construct of wellbeing (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; La Placa, McNaught & Knight, 2013; McAllister, 2005; Pollard & Lee, 2003; Ryff & Singer, 1998; Schickler, 2005; Urbis, 2011). Henceforth in this thesis, spiritual wellbeing will be considered a component within the domain of psychological wellbeing, which resides within the overall construct of wellbeing in its most broad and general sense.

Defining wellbeing

The difficulty in developing a clear and consistent definition for wellbeing serves to illustrate its complexity. The way wellbeing is understood and discussed both with and between relevant disciplines (psychology, philosophy, health and education) differs, which adds to the difficulty in clearly defining an already complicated and broad construct. As an example of this, while the psychological perspective tends to identify wellbeing as consisting of positive or favourable characteristics such as mental and physical wellbeing, the clinical (health) perspective evaluates it in terms of the lack of negative characteristics like anxiety and depression (Fraillon, 2004; Hattie, Myers & Sweeney, 2004). The predominant discourse pertaining to the key elements of wellbeing are extensively debated in the philosophical, health and psychological literature (Deci & Ryan, 2008; Kashdan, Uswatte & Julian, 2006; McAllister, 2005; Pollard & Lee, 2003; Ryan & Deci, 2001) and an exploration of some of the key arguments within these disciplines will now be essayed.

Disciplinary positions on wellbeing

The following sections will detail some of the key positions about wellbeing across the disciplines of philosophy, health, psychology and education.

Philosophy and wellbeing

The historical Aristotelian and Epicurean positions on wellbeing have been described earlier in this chapter. In relation to philosophy and wellbeing, another, more modern,

position emerges. The capabilities approach (Nussbaum, 2003; Sen, 1979) is frequently discussed within discourse about wellbeing in philosophy, and has been compared to a modern interpretation of Aristotelian philosophy on *being* as described earlier (O'Neill, 2006). The capabilities approach (Nussbaum, 2003; Sen, 1979) involves outlining a “social minimum ... resources a person needs in order to lead a minimally decent life in their society” (White, 2008, para 5). Nussbaum (2003, p. 416) proposes ten capabilities that should be provided by each society as an entitlement and “opportunity for functioning”. These are:

- life
- bodily health
- bodily integrity
- senses
- imagination and thought
- emotions
- practical reason
- affiliation
- other species and play, as well as
- political and material control over ones environment.

According to Nussbaum (2003), each of these capabilities is essential for optimal functioning, and each is regulated to some extent by a nation’s political process: “having a set of constitutional guarantees like those on this list, or based upon them, citizens would be informed from the beginning of life that there are certain entitlements that are particularly central, and deprivation of which is particularly tragic” (2003, p. 418). It is thought that through these opportunities for functioning an individual’s wellbeing (for want of comparable terminology) can be established.

Health and wellbeing

Much of the health literature positions wellbeing as primarily focusing on the absence of positive aspects of human experience (Ryff, 1995; Ryff & Singer, 1998). The term wellbeing is identified by Crisp (2008) as being used primarily within a health context, although Carlisle and Hanlon (2008, p. 265) argue “that if ‘health’ is to be used as a broad term encompassing both positive health (being well/well-being) and negative health

(being ill), then the term ‘well-being’ becomes redundant.” This is in contrast to WHO’s definition of health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (WHO, 1946, p. 100). This definition of health, makes it apparent that domains of wellbeing are the components that constitute an individual’s health, and suggests that health and “complete mental and social well-being” are synonyms. As such, the domains of wellbeing may be considered symptoms of health which may render it difficult to determine what wellbeing actually is, let alone measure it (Adams, 2012; Dear, Henderson & Korten, 2002; McAllister, 2005; Pollard & Lee, 2003).

A medical or health perspective of wellbeing tends to focus on negative aspects of human experience, although an individual can experience both positive and negative wellbeing within the domains of wellbeing outlined earlier (Diener & Oishi, 2005; Fattore, Mason & Watson, 2007; Kim-Prieto, Diener, Tamir, Scollon & Diener, 2005; Pollard & Lee, 2003; Weston, 1999). As an individual’s present experience of wellbeing exists within positive and negative affirmations, neither their own nor others’ understandings of their wellbeing would fit within a definition that situates positive traits and attributes at its core, as is found in health conceptualisations of wellbeing.

When considering an individual’s health, the term ‘wellness’ is often used interchangeably with ‘wellbeing’ as a synonym, which may add to the conceptual ambiguity. Wellness can be differentiated from wellbeing by its primary focus upon the physical condition or the emotions and attitudes of an individual in response to a particular context. Wellness is defined as “the balanced flow between contrasting positions, attitudes, or emotions, rather than the attachment to any particular one ... learning from each, growing from both” (Ryan & Travis, 1981, p. 3). This definition sees wellness as an ever-changing state allowing an individual to develop based on the exchange between conflicting emotions and feelings. It does not, however, consider effectively a person’s prior experience, developed resilience, or knowledge, making it an unsuitable synonym for wellbeing. By utilising understandings of wellness to conceptualise wellbeing, an individual can experience either the presence or absence of wellness depending on the emotion, traits and feelings being experienced at any given moment. Peterson (2006, p. 247) describes wellness as “a broad state of health, including physical, mental and social wellbeing, not merely the absence of disease or infirmity.” This is almost identical to WHO’s (1946) definition of health. It may be that both wellness and wellbeing are symptoms or

components of health, each of which focuses on different characteristics. As such, an individual could be assessed as experiencing some form of wellness at all times, and wellness might therefore be considered *a part* of wellbeing and *a part* of health, but not the same thing.

Schickler (2005, p. 222) further outlines the difference between wellness and wellbeing: “being well as opposed to ill or diseased [is] not then the same as wellbeing, for the latter could occur in the presence of disease. Suffering [is] probably the opposite of wellbeing in that it could be present whether there was disease or ‘wellness’.” If suffering is the opposite of wellbeing, and wellness is a different concept entirely, then the notion of wellbeing may be more accurately reflected through the definitions provided at the beginning of this chapter. Where the clinical (health) position evaluates wellbeing in terms of the lack of negative characteristics including anxiety and depression, the psychological position tends to identify wellbeing as consisting of positive or favourable characteristics such as mental and physical wellbeing (Fraillon, 2004; Hattie, Myers & Sweeney, 2004).

Psychology and wellbeing

An individual’s perceived level of overall wellbeing is typically examined in psychology in terms of subjective wellbeing. Subjective wellbeing consists of an individual’s evaluation of satisfaction with life (Diener, Lucas & Oishi, 2002; Keyes, 2006; Kim-Prieto et al., 2005), and is defined as a “broad category of phenomena that includes people’s emotional responses, domain satisfactions, and global judgements of life satisfaction” (Diener et al., 1999, p. 278; see also van Hoorn, 2007). To assess subjective wellbeing, Diener et al (1999, p 278) hypothesise that the multifaceted nature of the construct of subjective wellbeing needs to consider the impact of physiological and psychological elements on the subjective judgements made: “although some might argue that SWB [subjective wellbeing] is, after all, subjective, it nevertheless depends on reactions in multiple physiological and psychological systems.” It focuses on the consideration of single, isolated points in time, which is not sufficient to inform long-term perspectives of an individual’s social and emotional development.

Kim-Prieto et al. (2005, p. 266) delineate the recollection of events as contributing to subjective wellbeing, as including “life circumstances and events, affective reactions to those events, recall of one’s reactions and global evaluative judgment about one’s life”,

indicating that many different factors can contribute to an individual's evaluation of personal wellbeing. The nature of memory in determining representations of an individual's wellbeing is also important to recognise because personal evaluations are recreated from what the individual can recall (Diener & Oishi 2005). The effect that both temporary and long-term situational changes have on an individual's subjective wellbeing indicates an acknowledgement that wellbeing is not a fixed concept (White, 2007). These ideas form the basis of the psychological position on wellbeing.

Contrasting with the absence of an agreed definition of wellbeing (Dear, Henderson & Korten, 2002; La Placa, McNaught & Knight, 2013; McAllister, 2005; McNaught, 2011; Urbis, 2011; Watson, 2010), there is a clear definition of "subjective wellbeing" that Diener, Suh, Lucas and Smith (1999, p. 278) define as "a broad category of phenomena that includes people's emotional responses, domain satisfactions, and global judgements of life satisfaction." Under a subjective wellbeing [SWB] framework, an individual's reported level of wellbeing is understood as flexible and ever-changing (Watson, 2010; Weston, 1999) and likely to differ depending on contextual factors which are difficult, or sometimes impossible, to control. An assessment of an individual's subjective wellbeing (at any given time) should be undertaken with caution if applying to a long-term context, as these may be contextualised by short-term temporary affectations. Within psychological discourse is the area of positive psychology that Seligman (2011, p. 13) has refocused to concentrate on wellbeing: "I used to think that the topic of positive psychology was happiness ... I now think that the topic of positive psychology is well-being, that the gold standard for measuring well-being is flourishing, and that the goal of positive psychology is to increase flourishing". To this end the extent of wellbeing is considered as the extent to which an individual can be assessed as flourishing.

Also within psychological and philosophical literature is an ongoing discourse about the hedonic and eudemonic perspectives of wellbeing (Deci & Ryan, 2008; Kashdan, Uswatte & Julian, 2006). Ryan and Deci (2001, p. 144) describe the hedonic position: "well-being consists of subjective happiness and concerns the experience of pleasure versus displeasure broadly construed to include all judgments about the good/bad elements of life." Hedonic conceptualisations of wellbeing could be argued as being inherently subjective, as the ways that specific points in time are evaluated rely on a subjective assessment to determine the extent of the balance between pleasure and pain (Ryan &

Deci, 2001). O'Neill (2006, p. 165) argues against this, because "our lives are not a series of events such that at any moment we can say now whether our lives are going well or badly."

Given this, subjective well-being is predominantly hedonic in nature as subjective wellbeing represents individuals' personal judgment of their situation across domains at *one particular moment in time*. Ryan and Deci (2001, p. 144), however, challenge the extent to which hedonism and SWB are conceptually similar by questioning "the validity of SWB and related measures as operational definitions of (a) hedonism and/or (b) wellbeing ... [and] the types of social activities, goals, and attainments theorised to promote well-being, however it is assessed." To assess SWB, Diener et al. (1999, p. 278) posit the multifaceted nature of the construct that needs to consider the impact of physiological and psychological elements on the subjective judgements made. They state that "although some might argue that SWB is, after all, subjective, it nevertheless depends on reactions in multiple physiological and psychological systems."

Viewing wellbeing as developed across a lifespan suggests limited potential for children to be able to progressively 'achieve' wellbeing as they grow in age and experience. The hedonic view of experience also poses a potential threat to individual long-term wellbeing. This could suggest that the baseline of wellbeing may be continuously increasing (Swan & Sargeant, 2010a/b, 2011a). For example, an infant exhibits more hedonic behaviour than an adolescent, the latter drawing upon a range of inter-relational experiences where the affects of personality traits such as empathy and sympathy are developed. Hedonistic behaviour beyond infancy needs the mediating effects of positive personality traits such as empathy and sympathy to regulate any antisocial hedonic acts, which would therefore support a eudemonic assumption. Paradoxically, a eudemonic life view threatens a person's developing wellbeing as it leads to contentment and satisfaction that could stifle the pursuit of self-fulfilment (Kashdan, Uswatte & Julian, 2006). Irrespective of the applied framework, when considering wellbeing from a life-span developmental perspective (within psychological positioning), neither a hedonic nor an eudemonic attribution adequately encapsulates the multi-elemental constituents of wellbeing both across and within disciplines.

From the above discussions, it can be seen that even within disciplines with a direct interest in wellbeing, there is ongoing debate on what wellbeing is and how it can be defined. An overview of general wellbeing and its broader domains has been provided, along with a description of the key ideas within philosophical, health and psychological disciplines. The discussion will now begin to narrow its focus by discussing wellbeing as specifically relevant for children, the ultimate focus of this project.

Education and wellbeing

The discussion surrounding education and wellbeing is contextualised within the notion of ‘student’ wellbeing. The literature refers to both ‘child’ and ‘student’ wellbeing as distinctly different categories that contain similar features. If there is a distinct difference between ‘child’ and ‘student’ wellbeing, then there may also be a difference between ‘adult’ and ‘child’ wellbeing, particularly if considering childhood as a time worthy of independent study as per sociological positioning (James, 2009; James & Prout, 1990, 1997; Mayall, 2002, 2013; Oswell, 2013; Smith, 2007a; Smith, Cowie & Blades, 2011; Woodrow & Press, 2007). Student wellbeing can be differentiated from child wellbeing through the context within which the categorisation is placed, with student wellbeing situated within an educational or school context (Australian Catholic University [ACU] & Erebus International, 2008; De Fraine, Van Landeghem, Van Damme & Onghena, 2005; Fraillon, 2004). Both ‘child wellbeing’ and ‘student wellbeing’ categorisations have proven to have limited success when attempting to define wellbeing (ACU & Erebus International, 2008). The difficulty in defining the concept of ‘student wellbeing’ parallels the issues identified with general wellbeing, in that there is limited agreement on how it should be defined (ACU & Erebus International, 2008; Fraillon, 2004). In a comprehensive review of relevant student wellbeing literature, ACU and Erebus International (2008, p. 20) identify three definitions of student (rather than general or child) wellbeing as

- “a positive emotional state that is the result of a harmony between the sum of specific context factors on the one hand, and the personal needs and expectations towards the school on the other hand.” (Engels, Aelterman, Van Petegem, & Schepens, 2004, p.128);

- “the degree to which a student feels good in the school environment.” (De Fraine, Van Landeghem, Van Damme & Onghena, 2005, p. 297);
- “the degree to which a student is functioning effectively in the school community” (Fraillon, 2004, p.23).

The ACU and Erebus International (2008, p. 21) review, synthesises the literature on student wellbeing by proposing a broad definition where student wellbeing consists of “a sustainable state of positive mood and attitude, resilience, and satisfaction with self, relationships and experiences at school”. In this definition, student wellbeing is situated within the context of the school setting and overlaps with some psychological, cognitive and social aspects of wellbeing outlined in general wellbeing literature. The review outlines the elements of “satisfaction with self, relationships and experiences at school” as incorporating a variety of indicators such as achievement, behaviour, community service, and sporting teams. Student wellbeing is identified as “an outcome for which there are a number of key determinants” termed “pathways” (ACU & Erebus International, 2008, p. 22). These ‘pathways’ include many of the broader elements identified in general wellbeing literature, with a particular emphasis on the psychological, physical and social determinants of wellbeing.

There is emerging evidence to suggest that children’s understandings of their wellbeing extends beyond the direct influences of the school context within which they are asked – that is, unless the children are specifically asked about their wellbeing at school (Sargeant, 2007, 2010, 2012). The notion of student wellbeing is context-specific and therefore could be discussed as another determinant within the broader concept of wellbeing (alongside the notions of physical, social, psychological, etc.), where it represents wellbeing for the time an individual is a student at school. However, for the purpose of this discussion, this section may be better placed within the disciplinary positions on wellbeing than within the earlier ‘domains of wellbeing’ discussion. The context involves the individual’s presence in an educational environment, and what a school can do to assure students that their wellbeing is considered in that environment. Although there may be an agreed *understanding* of wellbeing, despite the absence of an agreed *definition*, it is apparent that policy and community discussions relating to student wellbeing do remain focused on what ultimately are considered the best interests of the student.

There is a potential limitation in utilising a conceptualisation of wellbeing for children (or students) that is context-specific. Such a conceptualisation may be limited by the extent to which it can fully incorporate and explore all that is wellbeing for children. While the intention may be to cater for children's wellbeing needs within the context-specific environment that the conceptualisation represents, it may not acknowledge or include acknowledgement of external experiences and influences between the students and their relationships and different contexts that they may have: that is, it may not enable or facilitate the identified wellbeing needs for children that overflow from the school context to other contexts such as their home or local community. This is why separate, complementary understandings of wellbeing for students and children are needed, to represent how wellbeing may be understood in education. The lack of consensus surrounding a definition of wellbeing remains apparent when investigating child wellbeing specifically.

Child wellbeing

Bradshaw et al. (2007, p. 135) note that “from a child rights perspective wellbeing can be defined as the realisation of children's rights and the fulfilment of the opportunity for every child to be all she or he can be.” Wellbeing enables children to develop many of the character traits that aid in identity development and how an individual responds to situations. Across the range of literature, these important traits are identified as coping, problem solving, conflict resolution, self-efficacy, building capacity, autonomy and resilience (Bandura, 2006; Crivello, Camfield & Woodhead, 2009; Fattore, Mason & Watson, 2007; Sargeant, 2007; Ungar, 2004). Of these, the one most problematic and misinterpreted is resilience (Fuller, 2007). Resilience in childhood can be seen as “what differentiates the child who is vulnerable to negative outcomes from adversity, compared with the child who appears to cope despite adversity ... the ability to ‘bounce back’ from stress, or ‘to recover from, adapt, and remain strong in the face of adversity’” (Crivello, Camfield & Woodhead, 2009, p. 54). The more resilience is developed in childhood, the greater ability an individual will have in recovering and remaining strong during difficult times later in life.

Resilience is a life skill that is also transferable into adulthood; experiences in childhood are thought to have considerable influence on how an individual responds to experiences

in adulthood (Jones & Sumner, 2009; Ungar, 2004). It does not equate to wellbeing, but is both a contributor to and result of wellbeing development (Crivello, Camfield & Woodhead, 2009; Forgeard et al., 2011; La Placa, McNaught & Knight, 2013). Ensuring that wellbeing is enhanced will not only aid in enabling children to experience a more developmentally stable progression through childhood, but will also equip them with some of the necessary skills to assist in a successful and less stressful transition to adulthood (Sargeant, 2008). To achieve this, a clear definition of wellbeing as relevant for children is required.

Various national and international indicators of child wellbeing have been established through a series of policy reviews and research, such as ARACY (2008), UNICEF (2007, 2013) and the work of Bradshaw et al. (2007). These indicators include consistent features of material wellbeing, health, safety, education, relationships, risks and subjective wellbeing, with additional indicators including behaviours (ARACY, 2008; UNICEF, 2007), participation (ARACY, 2008; Bradshaw et al., 2007), environment (ARACY, 2008), and housing (Bradshaw et al., 2007). In an Australian context, ARACY (2008, p. 14) investigated the wellbeing of young Australians to identify where Australia ranks on key indicators of young people's wellbeing, as "understanding how children are developing can help governments and policy makers identify gaps in the wellbeing of children and young people, and to anticipate emerging social, health and economic issues." Through the reviews, and development of indicators of child wellbeing, it appears that much of the research about children's wellbeing places substantial emphasis on the literature, which presents adult conceptualisations of wellbeing, to inform the emergence of important themes when determining indicators for children's wellbeing. With the increasing presence of 'wellbeing programs' targeted at children, an additional element should include investigating and defining wellbeing for educational purposes and contexts from the child's perspective (Adams, 2012; Fattore, Mason & Watson, 2007; Mashford-Scott, Church & Tayler, 2012).

While the broader notion of wellbeing is what is most commonly referred to in both literature and policy, it is worthwhile to mention the related concept of 'Quality of Life' (Dodge et al., 2012). The identification of wellbeing as important in childhood reflects societal beliefs about what life should be like; or, more specifically, what a 'good life' is. Similarly, some literature – particularly in psychology, philosophy and economics –

considers Quality of Life (QoL) to represent an individuals' wellbeing, so that the notion of wellbeing could be replaced with QoL and considered conceptually similar (Bowling & Windsor, 2001; Diener, 2000; Diener & Suh, 1997). Society's perception of what a good life is continually changes as we develop "a more explicit vision of the kind of society in which we wish to live, one that goes beyond notions of economic prosperity" (ARACY, 2010, p. 25). As much wellbeing provision for Australian children appears to be focused on children's socio-emotional wellbeing, health and safety (Queensland Government, 2008), elements within wellbeing such as mental health are particularly visible in policy and provision development for children in educational contexts through programs such as *Social Emotional Aspects of Learning* [SEAL] (Farrell, 2008; Hallem, 2009; Humphrey, Lendrum & Wigelsworth, 2010); yet beyond the indicators of child wellbeing and other measurable outputs to determine how children are doing, there is little research that seeks the perspectives of children themselves: that is, research that *specifically* seeks children's perspectives on wellbeing (Adams, 2012; Mashford-Scott, Church & Tayler. 2012).

Children's rights and wellbeing

Fattore, Mason and Watson (2007) find autonomy is indicated by children to be important characteristic of positive wellbeing, one that includes the ability to make choices and be involved in decision-making. This directly links with the participation aspects of the UNCRC (United Nations, 1989), particularly Articles 12.1 and 13, as discussed in chapter 3. The children involved in Fattore, Mason and Watson's study indicated the importance of these and other characteristics as contributing to a positive sense of wellbeing. Incorporating children's choices and decisions in education would require educational systems as a whole to recognise and embrace the notion of children as having capacity, and understand childhood as a time of both *being* and *becoming*. It would also strengthen acknowledgment of the sociological perspective on childhood and embrace children's capacity. The question therefore remains: why are children's perspectives not currently sought in conceptualising complex issues that are directly relevant to the provisions designed for them, particularly when it comes to wellbeing and education?

School-based wellbeing programs are designed to benefit students, and as such, policy and decision-making that includes consultation and collaboration with the children that

the programs and policies are intended to benefit will better cater for their identified wellbeing needs (Adams, 2012). Such an approach reinforces the necessity of using a model for development and implementation that views children as having capacity. When considering children's capacity, ARACY argues that

if childhood is principally associated with 'becoming' an adult and adulthood is associated with competence, then the child is by definition incompetent ... if, on the other hand, childhood is principally associated with 'being', then the child is in effect assumed to be competent. This suggests not only that children should speak for themselves, but also that they should be able to. (2010, p. 17)

School-based wellbeing programs are often viewed as essential in ensuring the future success of the consumers. Wellbeing policy and provision in Australia is currently applied independently by each state and territory, and the different educational sectors in each— independent, public and catholic – place varying emphasis on each state-based policy. Development of policy is also informed by The Melbourne Declaration on Educational Goals for Young Australians (MCEECDYA, 2008). In Queensland, wellbeing policy considerations are limited to a child's mental health and wellbeing, with the primary focus on social and emotional wellbeing (Queensland Government, 2008). In terms of the provisions applied to children's education and development about wellbeing, the focus tends to be on physical health, safety and personal development, despite research indicating that wellbeing consists of more than just the elements of physical and socio-emotional health: for example, wellbeing has been explicitly identified in the Queensland curricula of Health and Physical Education (HPE), English, Science and Geography. However, it is only in the *HPE Essential Learnings* (Queensland Studies Authority, 2010) that wellbeing itself is recognised as crucial for inclusion in learning. Based on what has been found in the literature review, children's involvement in determining their wellbeing is limited in both research and in practice as they are not typically invited to contribute to these discussions. This is concerning, and highlights how current practices do not enable children to "participate freely in society" (Lundy, 2007, p.928). Despite the positive health and wellness effects experienced with "opportunities to experience power and control in one's life" (Prilleltensky, Nelson & Peirson, 2001, p. 143), children remain absent from critical conversations about their wellbeing (Adams, 2012). Wellbeing and identity

establishment is crucial to incorporate within current educational planning (Wyn, 2009), and as such, children's voices should be considered.

While the notion of wellbeing has been explored extensively, there have been comparatively few studies that investigate children's perspectives and conceptualisations of wellbeing (Adams, 2012; Fattore, Mason & Watson, 2007, 2009; Mashford-Scott, Church & Tayler, 2012). Such studies contribute to knowledge and understanding about what wellbeing means to children, and begin to contribute to the understandings of how provisions can be better suited to children's identified wellbeing needs. However, given the increasing body of literature that explores children's perspectives, there remains limited discussion of how this demonstrated capacity can directly inform and influence policy development (Coppock, 2010) and therefore practice. While there are a number of reports relating to children and wellbeing in Australia, it is apparent that the extent to which Australian children's perspectives are included is limited.

Child wellbeing reports

ARACY (2010) uses available evidence from reports and publications to consider the concept of social and emotional wellbeing for children (aged birth–8) and young people (aged 13–25) to develop a clear definition and indicators for its measurement. The report acknowledges the need for children to be consulted in determining issues that are relevant to their lives, particularly when considering their social and emotional wellbeing in order to obtain a picture of the 'whole child'. The report draws attention to the lack of inclusion of children when conceptualising and contributing to the formulation of policy and provision designed to meet children's needs. The report considers the need for indicators for monitoring children's wellbeing to be developed with the inclusion of children by "soliciting the views of Australian children and young people on how they understand and assess their wellbeing" (ARACY, 2010, p. 60).

The Australian Institute of Health and Welfare (2011b) report *Young Australians: their health and wellbeing* provides a description of young people (aged 12 – 24 years) and "how Australia's young people are faring according to national indicators of health and wellbeing" (2011b, p. vii). The report is compiled every four years; the most recent publication indicates a lack of data in some areas, including young people's community participation and their mental health. It acknowledges that the behaviours and

experiences of wellbeing in adulthood are largely determined by factors originating in childhood, particularly in the areas of relationships, as well as mental and physical health and wellbeing, and provides a detailed picture of conditions for young people (aged 12–24 years) across the broader domains of health and wellbeing. Wellbeing is not defined or described beyond indicating that “physical and mental wellbeing is often difficult to define and measure” (Australian Institute of Health and Welfare, 2011b, p. 15). There are two limitations in the report relevant to the context of this study: firstly, children and young people have not been included or consulted in determining the conclusions and descriptions of life in Australia; and secondly, while the report acknowledges the importance of focusing on childhood in order to reduce and address threats to an individual’s health and wellbeing in adulthood, it does not provide any information on Australian children under 12 years of age. The report refers to *A Picture of Australia’s Children* (Australian Institute of Health and Welfare, 2009) as focusing on this age group. As has been demonstrated throughout the previous chapters of this thesis, the perspectives of the tween age group remain unsought (see chapter 2).

A Picture of Australia’s Children (Australian Institute of Health and Welfare, 2009) also acknowledges the importance of childhood in having an impact on many areas of adult health and wellbeing. It provides information on children aged birth to 14 years, noting that there is insufficient data available on mental health problems as well as on the social and emotional development of children of this age. The indicators in the report were devised in collaboration and consultation with a National Child Information advisory group made up of a range of professionals from a variety of disciplines involved with children, their health and wellbeing. What is noticeably absent from the group is the presence of children themselves. The report cites a further report, *Children’s Headline Indicators* (Department of Children’s Services, 2008), as outlining 19 government priority and focus areas concerning aspects of Australian children’s health, wellbeing and development.

The Wellbeing of Young Australians is explored in an ARACY (2008) report to provide a picture of young Australian’s wellbeing that can be used to compare with other international indicators. The report uses the framework of health and wellbeing from the *Innocenti Report* (UNICEF, 2007) and consists of the following domains:

- health and safety
- material wellbeing
- family and peer relationships
- educational wellbeing
- subjective wellbeing, and
- behaviour and risks.

Environment and participation were added as additional domains by ARACY (2008) based on Bradshaw, Hoelscher and Richardson's (2007) approach to indexing children's wellbeing in the European Union. *The Wellbeing of Young Australians* outlines that "understanding how children are developing can help governments and policy makers identify gaps in the wellbeing of children and young people, and to anticipate emerging social, health and economic issues" (ARACY, 2008, p. 14). The report also highlights the lack of information available on children of all ages, rather than of just a subset (e.g. early childhood and adolescence). Existing literature and research form the basis of the data obtained for the report: specifically, data from a range of national and international organisations involved in generating statistics and information in the areas of education and health was used. It was particularly evident that data for children under the age of 13 was underrepresented in each of the sources used to compile the report. Indications that children's perspectives were sought or used as data were not apparent. While this report does not claim to represent children's perspectives, it does attempt to present a description of young Australian's wellbeing. It is questionable, however, how complete the picture of young Australian's wellbeing presented in the report can be, without the perspectives of the children themselves.

Each of the reports described above offers a description of what life might be like for Australian children, but each depends on sources of data that fail to recognise the child's perspective. The descriptions provided in many cases are based on information obtained from census data or surveys that have been completed by adults on behalf of, or about, children (Fraillon, 2004). Some sources have used 'expert' advisory groups that do not involve or consult children as part of their procedure, while others rely on other sources of data that similarly exclude the perspectives of children (Australian Institute of Health and Welfare, 2009; ARACY, 2008; Department of Children's Services, 2008).

It is yet to be determined what Australian children's perspectives on wellbeing, and other matters that affect their wellbeing, may be. Without their input on these and other matters that affect their lives, the full potential of knowledge about children and provision designed for them remains incomplete. As has been evidenced above, children's perspectives are absent from many reports about them and their wellbeing. Their perspectives are also absent from the formulation and development of provisions designed to meet their wellbeing needs. It is not apparent why this is occurring, but the varied views of children's capacity could be a significant factor. Until children are involved in contributing their perspectives regarding their wellbeing needs, a complete picture of what wellbeing is like for Australian children cannot truly be established.

Children's perspectives on wellbeing

Children's perspectives on wellbeing have scarcely been sought. There is limited research both nationally and internationally that specifically seeks children's perspectives on wellbeing. Adams' (2012) investigation of the perspectives of 7- to 11-year-olds in England on what it is like to be a child, finds family, friends and play are indicated as important for wellbeing. The implications for policy development are discussed and the need for the inclusion of children's voices in discussions about matters that affect children is raised. This is emphasised as important if the best interests of each child are to be met and each child's childhood is to be the best it can be. Adams (2012) acknowledges that children's voices need not be the only voices in discussions about children and their wellbeing, but they certainly should be one of the voices obtained so that "educators can facilitate the enhancement of children's well-being in a way that is partly informed by children's views" (p.13).

Another study, involving Australian children of tween age and older (8 to 15), identifies three fundamental themes important for their wellbeing: agency, security and positive sense of self (NSW Commission for Children and Young People, 2009). The study identifies a further six important themes: activities, adversity in children's lives, material and economic resources, physical environment, physical health, social responsibility and moral agency, and acknowledges the benefit of such information in "providing a more complete picture of factors significant to the lives of children" (NSW Commission for Children and Young People, 2009, p. 16) and acknowledges the need for children's

perspectives to be included at other levels of policy and research. Investigations such as this contribute to making significant progress in being aware of and including the voices of children of this age in research, particularly in conversations about wellbeing.

While children's ideas about what wellbeing is were sought, the study did not invite children to participate in the formulation of a formal definition for wellbeing. There are very few studies that seek children's perspectives on wellbeing, and even less is known about how children themselves define it. The disputed nature of wellbeing and difficulty in defining it consistently may lead to difficulties for adults in determining exactly what wellbeing means for children across different contexts. This is problematic, as adults determine what children's wellbeing is, and then provide for it.

Fattore, Mason and Watson's (2007) investigation into children's understandings of what contributes to their wellbeing was conducted in order to develop a better understanding of what wellbeing is for children. Children in New South Wales aged eight to fifteen define wellbeing through feelings including happiness and sadness, feeling secure, having autonomy and agency, keeping safe, having a positive sense of self, acting morally, material resources, and physical and home environments.

Fattore, Mason and Watson's work highlights the lack of children's voice in contributing to understandings of their own wellbeing in the wider research. The authors identify the range of literature in which adults speak on behalf of children. Their study focuses on children aged between eight and fifteen as "in the New South Wales context, this has been an age group on which there has been limited research and policy focus" (2007, p. 15). The limited amount of research that elicits the perspectives of children of this age range is not limited to New South Wales; the voices of tweens are noticeably underrepresented in research concerning matters affecting them, as has been discussed in chapter 2.

Fattore, Mason and Watson's (2007) study identifies opportunities to develop indicators of child wellbeing that have been informed by children's perspectives, and illustrates "what children consider as important for the 'here and now' and for the future" (p. 25). The implications for future practice are discussed as having the potential to "validate and complement existing efforts" (p. 26), with children's current lack of inclusion and consideration in contributing to matters that affect them also acknowledged. What is

required is additional weight and compelling evidence available for practitioners to develop a pro-child voice level of practice.

Ben-Arieh (2006) outlines a recent shift in focus in contemporary literature about children's wellbeing as changing from a negative to a positive focus, and to an increasing focus on the present situation for children, rather than the future. Ben-Arieh cites examples of the increasing focus on monitoring and measuring children's wellbeing at local, national and international levels. A dramatic increase in research concerned with measuring and monitoring children's wellbeing across multiple domains was also found. One of the most relevant findings from this research was that adult's perspectives dominated the majority of the reports on children's wellbeing (Ben-Arieh, 2006), an assertion supported by Fattore, Mason and Watson (2007) as previously noted.

Ben-Arieh (2006, p. 20) concludes by suggesting that "measuring and monitoring children's well-being should include children in active roles" and that "ample research exists showing that studies directly involving children yielded equally good response rates and reliability (and sometimes even better) as those using adults to report on children's wellbeing" (Ben-Arieh, 2006, p. 22). These assertions support the contention that children's perspectives should (and can) be included on matters that affect them, even matters as complex as wellbeing. Lundy asserts that

there is a danger that the adults who act as gatekeepers to Article 12 rights may decide that children are not sufficiently mature to express a view, a decision which may well fly in the face of research which indicates that children are more capable than adults give them credit for and that their capacity for decision making increases in direct proportion to the opportunities offered to them. (2007, pp. 937–938)

This emphasises the need for more opportunities for children to express themselves on matters of increasing complexity that affect their lives.

Of the research detailed above only two studies directly present the views of children on wellbeing. Other studies that gather children's views are broadly linked to wellbeing (Adams, 2012; The Children's Society, 2012; Layard & Dunn, 2009; Sargeant, 2007). However it is important to reiterate that in the majority of studies on children's wellbeing the views of children have not been considered, even in those studies where this might be

expected. Such studies reflect a pervasive view that the ability of children to conceptualise complex issues such as wellbeing may be limited or not worth seeking when it comes to policy and provision, particularly in education (Lundy, 2007). Although there may be value in conducting research about children where children are not directly involved, this lack of inclusion and involvement in children in discussions relating to their wellbeing requires attention.

Synthesising the problem

This synthesising of problems, which has been highlighted throughout the literature review, indicates that children may have to continue to have to prove their capacity prior to being invited to participate in research activities; and this presents the key hurdle to actualising children's full participation. It appears that age is often the determinant used to decide whether children have the capacity to make meaningful contributions to research activities (Lundy, 2007), in that the closer children are to adulthood, the more merit their perspectives are given (Archard, 2004). Lundy (2007) suggests that "there may be a misperception that the right to express a view is somehow dependent on 'the age and maturity of the child' ... children's right to express their views is not dependent upon their capacity to express a mature view; it is dependent only on their ability to form a view, mature or not" (p. 935). Therefore it is imperative that the views of children on complex issues, such as wellbeing, are sought in order to include and represent a capable and informed perspective on the topic.

Until such time that adult researchers who may be sceptical are effectively persuaded to acknowledge children's capacity, child's voice will remain predominantly silenced and its capacity questioned. This study seeks to address this by affording children the right to participate based on an assumption of capacity, rather than seeking their capacity as a requirement for participation. This reflects the sociological position, that children should be considered to have capacity until they demonstrate otherwise (Lundy, 2007; United Nations, 2009). Demonstrating that children *can* make significant contributions to the knowledge base on even the most difficult of topics, such as wellbeing, will aid in demonstrating their capacity and present their perspectives.

There is a deficiency in knowledge of how children themselves define wellbeing and this is due in part to the dominance of the developmental positioning underlying children and

their capacity. The notion of wellbeing is already considered a complex and elusive construct for adults, as demonstrated by the apparent difficulty in generating an agreed definition (Camfield, Streuli & Woodhead, 2009; Crivello, Camfield & Woodhead, 2009; Dear, Henderson & Korten, 2002; Hird, 2003; Jones & Sumner, 2009; La Placa, McNaught & Knight, 2013; McAllister, 2005; Pollard & Lee, 2013). However, to argue that because adults have difficulty conceptualising wellbeing in a clear way, the notion of wellbeing may be too difficult for children to define, is unfounded. This potentially erroneous assumption is made although children have rarely been asked or invited to contribute to conversations about wellbeing (Adams, 2012; Fattore, Mason & Watson, 2007; Mashford-Scott, Church & Tayler, 2012). As Lundy (2007) notes, this can occur when adults consider children to lack capacity and consider complex matters to be too difficult for them to be involved in.

Much of the research places substantial emphasis on adult conceptualisations of wellbeing, and these then come to constitute the reference point from which indicators of child wellbeing are determined; they do not include the child's perspective. With the increasing emergence of wellbeing programs targeted at children, it is apparent that investigations and definitions of wellbeing for educational purposes and contexts should consider the child's perspective. This supports the argument that children's perspectives can (and should) be included on matters that affect them, especially matters as important, albeit complex, as wellbeing. More opportunities for children to express themselves on matters of increasing complexity that affect their lives must be made available.

Conceptual framework

Fundamentally, two areas underpin the conceptualisation for this study: wellbeing and childhood. At its most general, wellbeing is agreed to consist of five main domains: physical, social, psychological, economic and cognitive (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; La Placa, McNaught & Knight, 2013; Pollard & Lee, 2003; Ryff & Singer, 1998; Schickler, 2005; Urbis, 2011). Within these domains exists the possibility for other, less dominant but still relevant sub-domains of wellbeing, including environmental and spiritual (ARACY, 2008; Bradshaw et al. 2006; Fisher, Francis & Johnson, 2000; Peterman et al., 2002; Urbis, 2011; Whitford & Olver,

2012). Variably understood, the concept of wellbeing is inconsistently defined, with different interpretations used to inform policy and provision development for children.

When considering children and childhood (see chapters 2 and 3), two positions dominate: one in which childhood is ultimately perceived as a time to prepare for adulthood (developmental positioning); and one in which it is seen as a unique and important time in its own right (sociological perspective). Childhood can, however, be viewed as a time for both being *and* becoming. Developmental positionings of childhood dominate mainstream western educational systems, rendering limited children's active participation in the conceptualisation, formulation and development of policies aimed at them (Burman, 2008; Mayall, 2013). This is also apparent in the research on wellbeing for children, in that their perspectives are rarely sought on such matters that affect them. While there is an increased focus internationally on wellbeing for children, little is known about how children themselves conceptualise it. To investigate children's perspectives, grounding within a sociological approach to childhood is required, and this approach informs the theoretical framework of this study. A visual representation of the conceptual and theoretical frameworks utilised for this research is presented in Figure 2.

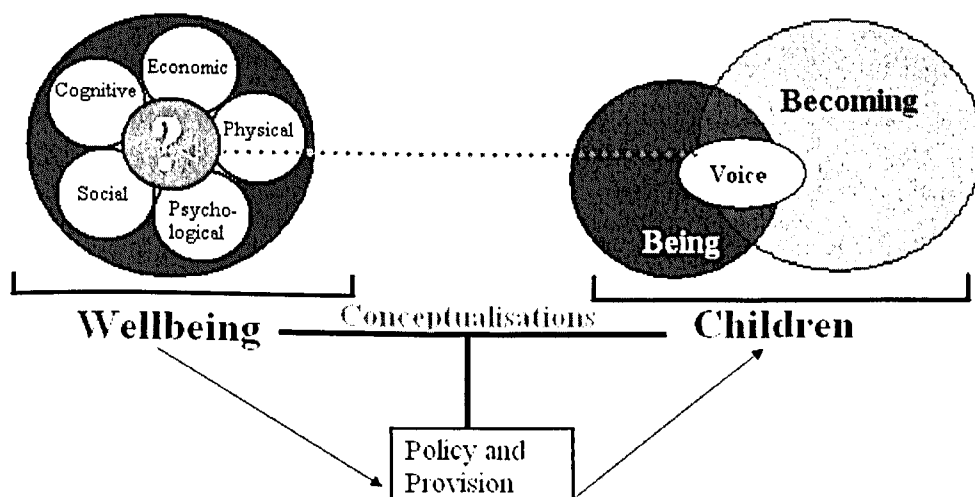


Figure 2 Conceptual framework

Source: Author

As the figure indicates, when beginning with wellbeing, even while there is no established or commonly agreed upon definition available in the literature, there appears to be consensus inasmuch as wellbeing falls across cognitive, social, psychological, physical and

economic domains (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; La Placa, McNaught & Knight, 2013; McAllister, 2005; Pollard & Lee, 2003; Ryff & Singer, 1998; Schickler, 2005; Urbis, 2011). The grey area and question mark in the middle of the figure represents the 'grey area' of knowledge that is currently incomplete when it comes to wellbeing.

Underneath the 'wellbeing' component of the figure is an arrow leading to policy and provision. This represents the information pertaining to the different elements and aspects of wellbeing that feed into current policy and provision. Within the context of this study, the policy and provision formation often leads on into children's lives through education and health provisions.

Policy and provisions for wellbeing, created for children, are filtered through adults to children, and so reflect how children are perceived by society. The dominant perspective is that children (and childhood) are *becoming*, which is why the 'becoming' aspect of the figure on the right-hand side is larger than the *being* aspect. As identified through the literature, while a child (and childhood) can be viewed as *becoming* or *being*, they can also be viewed as *being* and *becoming* (Early Childhood Australia, 2009). This is reflected in the overlap of *being* and *becoming* in the diagram. Within the *being* and *becoming* component of perceptions of children and childhood is the idea of child voice. The literature review has demonstrated the apparent lack of child voice in understanding various aspects of children's lifeworlds, particularly when it comes to wellbeing. Another 'grey area' of knowledge is then revealed, linking the wellbeing and childhood components of the figure, in that children's views and perspectives are not represented in understanding and defining wellbeing.

The conceptual framework presented in Figure 2 provides a general model of wellbeing as relevant for this study; but as the model shows, the knowledge in this area is incomplete, as represented by the grey area and question mark; this specifically applies to how children conceptualise the notion of wellbeing. The aim of this research is to contribute to the knowledgebase surrounding how children conceptualise wellbeing; and to do this, children's perspectives on the topic need to be sought.

A clear overarching question emerges:

- How do tween children conceptualise and define the complex issue of wellbeing?

Related to this core question are the related sub-questions:

- What are the key features/domains of wellbeing for children?
- What are the similarities/differences between children's and adult's conceptualisations of wellbeing?
- Can children conceptualise and discuss wellbeing in a way that enhances their standing as capable informants on matters that affect their lives?

Without children's input into their own wellbeing and other matters that affect their lives, the full potential of knowledge about children and provisions designed for them remains incomplete. The elusive nature of the notion of wellbeing and inability to define this term consistently may lead to difficulties in determining exactly what wellbeing means for children across different contexts. Even existing studies and reviews suggest the importance and necessity of including children when it comes to considering their wellbeing (Adams, 2012; Ben-Arieh, 2006; Fattore, Mason & Watson, 2007).

Conclusion

The topic of wellbeing is a complex construct that presents a range of difficulties in conceptualisation and definition. While there is little consensus in the literature about what it is, it is often agreed as containing elements that are physical, cognitive, economic, psychological and social. Wellbeing within the context of both student and child has been considered. While it is apparent that the concept is gaining increasing focus in Australian policy and provision, particularly in education, it is equally apparent that a key contributor is absent from considerations and discussions surrounding wellbeing. As described in the preceding chapters, children's capacities have been variably viewed; and when childhood is seen solely as a time of preparation for adulthood, the richness and depth inherent within a child's own lived experience fails to be recognised, particularly in discussions about wellbeing (Adams, 2012).

In the absence of clear and consistent adult definitions of wellbeing, any additional perspective and understanding that children can add to formally conceptualise the complex notion of wellbeing as it relates to them is unknown. An investigation is required

to determine how children define and conceptualise this complex notion, and to discover what this information adds to adults' existing knowledge about both the current experience of childhood from children's perspective and what wellbeing means to children.

Based on the review of the literature and the identification of gaps in knowledge regarding children's conceptualisation of complex issues, attitudes to children and childhood, and the community focus on child wellbeing, it is apparent that the best interests of the child are defined by and communicated at the discretion of adults. It is apparent that the wider community has not moved beyond tokenism in terms of inclusion of children and their perspectives in discourses concerning them. The absence of children's views and perspectives in matters that affect them, such as wellbeing, raises three questions:

- Why are children's views and opinions not sought in complex matters?
- Are children not included because there is not a wide enough understanding of the extent to which children can conceptualise complex issues, such as wellbeing, an issue that remains complex for adults?
- In determining how children conceptualise the issue of wellbeing, what information may be provided about their ability to be considered capable to inform adults about other matters that affect their lives?

This information will contribute to demonstrating children's capacity, and will also work towards obtaining a wider understanding of wellbeing as relevant for children, with children's input. Children's demonstrated ability to contribute meaningfully will also emphasise the need to create more opportunities for children to express themselves on matters of increasing complexity that affect their lives. The information provided by children through this study will add to the weight of evidence available for adults when developing inclusive and pro-child practices.

By considering children as having capacity from a sociological perspective, the framework that informs this study, adults may obtain a greater understanding of the lived experience of childhood and better ensure that policy and provisions aimed at addressing children's

wellbeing are informed by what children themselves consider important (Adams, 2012). Such information contributes to increasing the likelihood of meeting children's expressed wellbeing needs. It also aids in determining how children consider and conceptualise wellbeing, and adds to the general discussions of wellbeing across each discipline that involve children. Children's standing as capable informants on matters that affect their lives can be enhanced by providing evidence that indicates their capacity to conceptualise complex issues, such as wellbeing. This information can also be used to identify children's perspectives on the key elements of wellbeing and go towards providing a clear definition that identifies the interplay of these elements as relevant for children.

Chapter 5: Methodology and Research Design

Introduction

The purpose of this study is to explore how children aged between 8 and 12 years conceptualise wellbeing, with a view to demonstrating children's capacity to make meaningful contributions to conversations about matters that affect their lives. Previous chapters have provided an overview of the history of childhood, the developmental movement, the sociology of childhood and descriptions of wellbeing from the literature. The literature review offers a justification for positioning children as competent social agents.

As the purpose of the study is to explore children's perspectives on wellbeing, a qualitative design has been deemed most suitable. Adopting a qualitative design for this research served to uncover more depth in the children's perspectives of wellbeing, as additional flexibility was provided by taking more time to explore key issues raised by participants than quantitative methods may allow. As discussed through the literature review provided in previous chapters, much of the research conducted to determine children's wellbeing has used quantitative methodologies; the majority relies on various indicators and objective wellbeing measures. This means that a researcher's ability to explore children's perspectives relating to wellbeing is more limited than when utilising a qualitative design. It has been identified that children's *perspectives* on wellbeing are limited to very few studies (Adams, 2012; Fattore, Mason & Watson, 2007; NSW Commission of Children and Young People, 2009), which means children's perspectives on wellbeing that go beyond what can be discovered using quantitative assessments are largely undiscovered.

This chapter presents a rationale for using a qualitative design, and details considerations for conducting this research with children. It will also discuss the research questions, design and analysis procedures.

Choosing a qualitative approach

When conducting research with children, the methodologies chosen should ensure that the processes and specific methods to be used are appropriate (Sime, 2008) and valid (Nelson & Quintana, 2005); will engage the individual or group (Barker & Weller, 2003; Barter & Renold, 2000) and will elicit change or action that is facilitated by the individuals or group being studied (Denzin & Lincoln, 2011; Ellis, 1996; Matthews & Limb, 1999). In the social sciences, scientific research orientations such as the quantitative approach are often given more weight from the perception that it is more scientific, systematic and valid (Berg, 2009). Despite this perception, increasing recognition is being given to qualitative studies that seek rich descriptions of events and meaning from participants that cannot be obtained via quantitative methods alone (Denzin & Lincoln, 2011; Minichiello, Sullivan, Greenwood & Axford, 1999).

Qualitative approaches “attempt to capture people’s meanings, definitions and descriptions of events” (Minichiello et al., 1999, p. 36) in a way that can uncover the richness and depth of participant perspectives on the phenomenon of interest. It utilises “natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them” (Denzin & Lincoln, 2005, p. 3). Qualitative approaches can explore how participants make meaning about the settings they are involved in through exploring the ways cultural tools and structures are used to interpret and explain participant experiences (Berg, 2009). A qualitative approach therefore would be particularly useful when seeking to elicit children’s perspectives on wellbeing, allowing a range of children’s perspectives to emerge. In turn, this provides adults with greater insight into how children conceptualise and understand the construct of wellbeing.

While the literature review presented earlier provides a range of broad domains for wellbeing including psychological, physical, cognitive, economic, environmental and social (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002, La Placa, McNaught & Knight, 2003; Pollard & Lee, 2003; Ryff & Singer, 1998; Schickler, 2005; Urbis, 2011), this information does not need to be used to develop a hypothesis for testing. A qualitative approach does not require a clear hypothesis to guide or direct the course of the research. The themes emerging from the literature review may, however, later contribute to the development of analysis within a qualitative design. This means

that any and all insight that emerges about how children conceptualise wellbeing is of interest to the researcher. The importance of what the children say is highlighted, rather than merely being used as information to support or oppose a specific hypothesis. The flexibility inherent within qualitative approaches is one of the reasons why they are often used to construct theories about social life; they are also referred to as an inductive approach (Bogdan & Biklen, 2007; Denzin & Lincoln, 2005; Hodkinson, 2008; Hoyle, Harris & Judd, 2002; Minichiello et al., 1999; Patton, 2002).

Research that aligns with an inductive approach often seeks to construct a theory or model to explain different aspects of the topic of interest (Gilbert, 2008). In adopting an inductive approach, this study seeks to contribute to knowledge about children's perspectives on wellbeing. Progress towards the development of a working model of wellbeing may be made: the information obtained through an inductive approach assists with theory development by uncovering additional information about participants' experience and their opinions on events, as well as uncovering extensive data about the topic under investigation (Bogdan & Biklen, 2007; Denzin & Lincoln, 2005; Minichiello, et al., 1999). In addition to development of a working model for wellbeing that represents the children's conceptualisations, such theory development could propose, for instance, the continued inclusion of children's perspectives on wellbeing. The methods for seeking this information are important, as the way data is collected has implications for analysis.

Qualitative research tends to be rich and descriptive, and seeks to understand participant perspectives and meanings (Bogden & Biklen, 2007; Denzin & Lincoln, 2005). Utilising a qualitative approach assists the researcher to gain an in-depth understanding of the phenomenon of interest and discover a wide range of information about events, including descriptions, definitions and meanings attributed by participants that other approaches may not allow (Minichiello et al., 1999). The depth and richness of the data obtained is the focus, rather than the size of the sample (Neuman, 2007; Patton, 2002). A qualitative approach allows the researcher to explore the responses provided by the participants in detail, rather than being limited by rigidly structured and standardised methods of data collection procedures. Flexibility in the qualitative design allows for the subject of the study to be explored in different ways (Liamputtong, 2007).

Participant meaning can be understood and explored in detail because of the inductive nature of the qualitative approach. Qualitative approaches can elicit rich and extensive data that can go beyond the original research questions (Barter & Renold, 2000) by exploring the ways participants describe different events, behaviours and experiences. Issues raised by the participants (in this case children) can be investigated in more depth to establish what is happening as well as why or how it occurs (Nelson & Quintana, 2005; Sime, 2008). As children's perspectives are rarely sought on complex social issues such as wellbeing, it is worthwhile to investigate their perspectives with an approach that invites flexibility and depth.

Alignment to philosophical traditions when conducting qualitative research within the interpretive paradigm enables additional layers of insight to be provided. One such tradition that embraces the multifaceted nature of a qualitative approach is hermeneutics.

Hermeneutics

Hermeneutics is a unique philosophical tradition that acknowledges the bias and interpretations of the researcher. This bias is considered to contribute to the interpretation and analysis of data, rather than taking away from the interpretations' perceived validity. Interpretive research is inherently hermeneutic (Sargeant, 2005). Using hermeneutics to inform the data collection and analysis of a study underpinned by the sociology of childhood provides continuity as the two approaches (philosophical and theoretical respectively) share many beliefs. In the same way the sociology of childhood positions children as active in the construction of their own lifeworlds, with each childhood recognised as sharing both unique and shared experiences that can differ across contexts, hermeneutic approaches acknowledge participants' active construction of knowledge and reality (Patterson & Williams, 2002).

Those aligning with the hermeneutic position (known as hermeneutists) use interpretations to *construct* the presented reality from the data, and acknowledge the potential for different realities to be presented by different individuals' focus on aims, people and purpose (Patterson & Williams, 2002; Patton, 2002). In this study, hermeneutic engagement in understanding the language children use to communicate enabled the researcher to obtain additional insight into children's lifeworlds (Sargeant, 2005). Researchers must seek the perspectives of children before they can begin to

understand the expressed views and contexts of the childhood experience. The construction of participant reality by a researcher makes the hermeneutic tradition an appropriate framework to use when analysing data obtained using a qualitative approach, as both participant perspectives and an interpretation of these perspectives are used. In the hermeneutic tradition, the knowledge producers of the research are both the participant (as informant) and the researcher (as interpreter) (Koro-Ljungberg, Yendol-Hoppey, Smith & Hayes, 2009; Patterson & Williams, 2002).

Hermeneutists seek to “understand and interpret the world in terms of its actors” rendering “meanings and interpretations ... paramount” (Cohen, Manion & Morrison, 2007, p. 26). Context within hermeneutic inquiry is important to aid understanding of participants’ lifeworlds and the meanings they attribute to them. Participant responses are situated within a historical and cultural context, where the hermeneutic inquirer seeks to understand not only the written text, but also the participant’s intention (Patton, 2002). To do this, hermeneutic inquiry analyses texts to consider the ways participants communicate meaning about phenomena, to obtain a greater understanding of the topic from the participant’s perspective. Understandings of events and phenomena are recognised to “[n]ever be absolutely correct or true ... remain[ing] only and always an *interpretation*” (Patton, 2002, p. 114).

When aligning with a hermeneutic philosophy for analysis, multiple interpretations and analyses of the same data are possible as “there are multiple realities that vary across time, cultures and individuals” (Patterson & Williams, 2002, p. 14). This is an advantage rather than a problem as it aids in revealing multiple layers of insight and meaning, all of which can be considered valid interpretations, provided it is clear how the interpretation was reached. Unlike other philosophical positions for analysis, the hermeneutic position does not require consensus in interpretation per se. While some philosophical and theoretical analytical approaches align with various assumptions related to the replicability and reliability of interpretation and coding, hermeneutics does not. Analysis underpinned by hermeneutic philosophy acknowledges the influence of the contexts and sub-cultures a researcher or interpreter is situated in (Mischler, 1990; Patterson & Williams, 2002). The factors that may be seen from alternative (e.g. positivist) standpoints as limiting, or inhibiting the transferability and replicability of the coding, analysis and interpretation procedures, serve to deepen the analysis from a hermeneutic perspective so that “the

conclusions expressed are seen as representing the researcher's understanding at the moment. This understanding is subject to revision as a result of future insights or as a result of changes in culture or technology that reshape the phenomenon being studied" (Patterson & Williams, 2002, p. 27). This does not mean that hermeneutics allows any interpretation to be valid, but that they should be evaluated by determining "whether a reader, adopting the same viewpoint as articulated by the researcher, can also see what the researcher saw, whether or not he agrees with it" (Giorgi, 1975, p. 96; see also Patterson & Williams, 2002). The importance of clear and consistent alignment to a philosophical tradition is highlighted here: throughout the analysis, the researcher must continually reflect on communicating and reporting the data in such a way that others can understand the researcher's perspective. For the present study, the reporting of findings needs to reflect both what the children communicated and how the researcher understood what the children said. In a hermeneutic analysis, it is therefore possible for multiple interpretations of the same data and of the same topic to be equally valid. Why this is an appropriate approach to use when investigating how children conceptualise wellbeing is justified by the multiple interpretations and conceptualisations of both children and wellbeing reflected in the literature. If it is acknowledged that multiple realities and multiple interpretations of the same topic can be applied to different contexts (as is evidenced in the literature review), then the same openness to multiple interpretations in analysis of data are advantageous. In exploring the multiple interpretations of broad and variously interpreted topics such as wellbeing, richer and more conclusive evidence surrounding the validity of the views, opinions and interpretations obtained may be provided. That is, both understandings of wellbeing and children's capacities are inconsistently viewed in existing research. By exploring children's views on wellbeing using a hermeneutic philosophy to inform the analysis, the children's views and perspectives can be seen as valid when presented to the wider research community, despite differing beliefs surrounding children's capacity. For this to occur, the researcher reporting on the study needs to present the children's views in a way that demonstrates how their communicated interpretations accurately represent wellbeing for these children, even if the reader does not agree with what the children have said. The hermeneutic tradition allows even someone who may not be convinced of children's capacity to see their conceptualisations as valid and accurate representations of how wellbeing is constructed for them. This enables children's views and perspectives to be accessed

without readers having to challenge or dispel their own biases and perceptions regarding children's capacity, in order to accept the findings.

Hermeneutics is situated within the overarching paradigm of phenomenology within which are different elements of inquiry. This project aligns with the key ideas underlying projective (also referred to as productive) hermeneutic methods in that "researchers cannot 'bracket' their preconceptions, nor can they truly empathise with another's experience. Instead, they maintain that an 'utterly innocent' reading of texts is impossible, and that the interpreter plays an active role in creating the interpretation" (Patterson & Williams, 2002, p. 12). This branch of hermeneutic inquiry acknowledges the importance of recognising the influence of context in the construction and interpretation of the meaning that is created and subsequently communicated.

In researching with children, productive hermeneutics acknowledges the impact of the researcher as co-constructing the participants' (children's) communicated realities (Patterson & Williams, 2002), a stance also reflective of constructivist views (Bruning et al., 2011; Piaget, 1954; Vygotsky, 1978; Woolfolk & Margetts, 2013). Situational variables such as the power imbalance between adult researcher and child participant, the physical context of the schooling environment and existing dynamics within this context, are acknowledged as having the potential to influence the meaning communicated by the participants. These variables are also considered to yield additional layers of insight about the topic when they are acknowledged rather than restricted. Hermeneutic analysis requires insight to be provided about the phenomenon so that a reader may be "guided through data in a way that produces an understanding of the phenomenon reflecting greater insight than was held prior to reading the research" (Patterson & Williams, 2002, p. 35).

It could be argued that because there is little known about how children conceptualise wellbeing, any presentation of acceptable data discussing how they do this is valid. This is because the information presented provides insight of the participants' understanding of the topic: insight that is not currently known by adults. The understanding provided to the reader should be situated alongside the ability to communicate clearly what the researcher saw so that the reader can be provided with sufficient understanding of the phenomenon from the perspective of participants, based on the researcher's

interpretation. This is not a criticism of the data the children provide, or of the information they choose to communicate; instead, the insight provided to the reader reflects the researcher's ability to represent the children's perspectives about the topic clearly and accurately. The researcher's approach to hermeneutic analysis should be considered.

Hermeneutic methods

Hermeneutics is appropriate to inform one's thinking when conducting research within the interpretive paradigm, as it is an integral component and inextricably linked with the interpretive social sciences (Denzin & Lincoln, 2011; Neuman, 2011). Accepting children's responses at face value (Sargeant & Harcourt, 2012) is of particular importance for this research as it acknowledges the need to accept responses as they are provided, not just those that are attractive to the researcher (Cohen et al., 2007; Cohen & Manion, 1994; Sargeant, 2005; Sargeant & Harcourt, 2012). This approach also serves to yield insight into the topic from the perspective of participants. The information provided by participants is their own valid construction of a topic, although it may be different to others' experience of the same subject.

The purpose of hermeneutics within the interpretive frame is to engage with the texts to "understand holistically and cyclically participants' experiences ... [and] to interpret a phenomenon" (Koro-Ljungberg et al., 2009, p. 689) making it a logical choice when seeking the perspectives, descriptions and understanding of the phenomenon of interest by participants, particularly when the participants are children. Sargeant points out that

the interpretive paradigm is particularly useful when seeking to gain an understanding of the views of children, as there is such variation in levels of experience, knowledge, and influence that have affected their worlds. The child's voice is one that requires careful interpretive investigation in order to reveal the perspectives that lie within their commentary. (2005, p.57)

An interpretive approach is beneficial when conducting research with children that seeks to elicit their perspective, and identifies the importance of ensuring research is conducted in a manner that is respectful of children's social status and their varied experiences. Hermeneutic methods are inherently qualitative in nature because the focus on

participants' descriptions and meanings associated with events cannot be captured in as much depth utilising other methods (Patterson & Williams, 2002).

When analysing the data, the hermeneutic researcher acknowledges and embraces factors beyond the raw data that may inform the analysis, as well as valuing the biases inherent in viewing the phenomena of interest from different perspectives. To achieve this, five hermeneutic rules inform the analysis (Minichiello et al., 1999):

1. Analysis of the topic is focused on the topic
2. Dissemination of the topic is presented as experienced (or is thought to be experienced)
3. Each response is equally important
4. Varying meanings of concepts are explored
5. Variations in understandings of the topic are explored.

When utilising hermeneutic methods for analysis, in addition to being cognisant of the contexts and various inherent biases in both data and collection, a clear procedure for organising the data needs to be established (Patterson & Williams, 2002). This “organising system” (Patterson & Williams, 2002; Tesch, 1990) is used to “identify predominant themes through which narrative accounts (interviews) can be meaningfully organised, interpreted and presented. The process of developing an organising system *is* the ‘analysis’, while the final organising system is the product of the analysis” (Patterson & Williams, 2002, p. 45). What differentiates this approach to other ways of analysing qualitative data (such as thematic categorisation) is the focus on the identification of *relationships* between the data. This provides a “holistic” rather than “reductionist/multivariate” interpretation of the information, which makes it more congruent with hermeneutic philosophy (Patterson & Williams, 2002, p. 45). The final organising system presented “promotes a more holistic understanding of the phenomenon by showing the inter-relationships among themes and by retaining a rich characterisation of individual themes” (Patterson & Williams, 2002, p. 46). While the hermeneutic position considers a holistic presentation of the information that identifies relationships between the data important, the individual themes that make up the holistic understanding are also recognised here.

Heidegger (1962) outlines the necessity to understand the topic being interpreted if the given interpretation is to contribute to furthering current understanding of the topic. In other words, to understand the construction of knowledge within a hermeneutic position requires critical cyclical reflection surrounding the process by which current understanding of a phenomenon is informed by previous understanding and interpretation that in turn informs future interpretations; “it postulates the task of finding elements so fundamental that they cannot be further subdivided, using these simples as an incontestable starting point for rigorous deduction” (Hoy 1978, p. 3). Westphal (1999, p.418) adds that “neither one’s sense of the whole nor one’s reading of the parts is an independent variable. X is (at least in part) a function of Y and vice versa.” Such commentary recognises the cyclical process inherent in a hermeneutic position on knowledge construction and understanding (the hermeneutic circle) (Hernando, 2005; Patterson & Williams, 2002). The hermeneutic process for analysis for this project, involved having the research sessions conducted, transcribed, coded and analysed by the same person to enable the communicated findings to reflect the cyclical hermeneutic process (Hernando, 2005; Patterson & Williams, 2002).

The process of conducting the analysis under a hermeneutic framework requires first “an understanding of the individual (idiographic level analysis). That is, it seeks to understand how an individual experiences and constructs the world regardless of whether or not similar themes/organising systems can be found for other individuals” (Patterson & Williams, 2002, p. 49). In seeking to elicit children’s individual ‘voices’, irrespective of whether they are representative of wider and more general perspectives on the same topic, hermeneutic philosophy and sociology of childhood have parallel aims. In positioning the participants as active social agents and valuing the unique insight that they provide into their individual experiences, the continuity in theoretical, philosophical and analytical traditions for this study strengthens its potential.

Through hermeneutically exploring the phenomenon of wellbeing, a clearer picture emerges surrounding the elements of wellbeing that may be unique to the individual (idiographic analysis) and those aspects that *may* be representative of the key ideas and elements in a wider population (nomothetic). Patterson and William (2002, p. 52) describe the idiographic stage of analysis as one of the most distinctive aspects of hermeneutic analysis as it “serves as the foundation for any subsequent nomothetic (across individual)

analysis.” This is not to say that the themes identified in the nomothetic analysis *are* generalisable and representative of wellbeing, as generalisability is not the focus of this research. Instead, a nomothetic analysis within a hermeneutic framework will represent the common, general notions of the construct of wellbeing across the children’s individual and group conceptualisations of the topic.

This parallels the method proposed by Giorgi (2008) whereby a phenomenon is explored from the perspectives of at least three participants to identify the difference between individual and general experiences (Finlay, 2012). This being the case, using hermeneutics to ground the analysis of data collected in this project, the organising system that is developed will incorporate a cyclical process whereby both idiographic (individual) and nomothetic (group) conceptualisations of wellbeing are explored. The relationships within and between the key elements of the construct of wellbeing, as identified throughout the discussions, were explored in the present study to present the “essence” (Husserl, 1913/1983, p.25) of wellbeing for the children. This will occur across the conditions of the idiographic holistic conceptualisations of wellbeing where the components are deconstructed, as well as with the nomothetic holistic conceptualisation. From this, a final representation of the information obtained can be presented as a single model that represents how the children constructed and conceptualised wellbeing. Pairing the model with the conceptual framework model provided in chapter four (see figure 2) may contribute to the limited current knowledgebase on how children conceptualise and define wellbeing.

Individual differences between participants are seen to contribute to understanding participant meaning in qualitative approaches which acknowledge the uniqueness of each study. This is replicated in research that seeks to elicit children’s perspectives on other topics. When using a hermeneutic framework in analysis, the qualitative researcher can seek explanations and clarifications in interpreting the events and situations uncovered. This information is then used to inform the cyclical analysis process, as described above. While understanding social situations and behaviours is a key aim of qualitative research, identifying causes of events, or preceding influences, aids the researcher in developing a greater understanding of the event or situation. Even so this is not crucial, as variables in qualitative research do not need to be well defined or to produce causal models (Denzin & Lincoln, 2005, 2011). By investigating children’s perspectives on complex social issues

such as wellbeing, a richer understanding of their lifeworlds from their perspectives can be established, and their capability demonstrated. The children's perspectives reveal what they consider wellbeing to be, regardless of whether their ideas are generalisable across other contexts.

The ability to generalise results obtained is not of particular significance in qualitative research as the focus is more on the *richness* and *depth* of information obtained than on sample size (Check, 2011; Neuman, 2007; Patton, 2002). Qualitative approaches find the breadth and extent of understanding of a topic by determining the range of themes identified, rather than the number of times each theme was reported, through conducting various analyses (Berg, 2009; Gilbert, 2008). This makes the study replicable across other contexts. Providing that key elements surrounding positioning, construction and ideology are similar, the design aspects of the research do not need to be identical (Mazzoni & Sargeant, 2013). As outlined earlier, this project utilises a hermeneutic approach, which rejects a definition of analysis as consisting solely of identification of themes. Instead, the results report on the themes and *associations* between these themes (Patterson & Williams, 2002).

When seeking to present the perspectives of children in research, there remains a risk of silencing the individual voice to present the strength of the responses through group consensus. The richness of the individual voice supplements the power of the collective voice when utilising a qualitative approach that seeks to elicit children's perspectives on a topic. Within a hermeneutic approach to analysis, analysing the information ideographically (individually) then nomothetically (collectively) can aid in reducing the conundrum associated with communicating the individual and collective voices of children in research. Because of this it can be problematic to determine which information should be included and which excluded to provide the reader with the *essence* of how the children conceptualise the construct. This is particularly evident when certain themes recur and dominate children's discussions about a topic, which may lead some to question where their knowledge has been acquired and how authentically the children's perspectives may be represented (Elden, 2012; James, 2007; Mayall, 2002).

Trustworthiness of children's perspectives

There is a perception that children may have 'active imaginations' or difficulty differentiating between fact and fiction which could impact on the trustworthiness of information obtained from them (Hanks, 2012; Nunez, Kehn & Wright, 2011; Wright, Hanoteau, Parkinson & Tatham, 2010). When seeking children's perspectives in research, it is this researcher's position that is not necessary to determine whether this is in fact the case. The *perspectives* of the children on the phenomenon of interest are being sought, regardless of whether these have been informed by reality, experience, or a general understanding of the topic from a range of inputs. It is not of interest to this study *where* their ideas are derived, as the children have already been positioned as having capacity to discuss matters that affect them. Even so, qualitative research includes acknowledgement of the trustworthiness of data obtained within a qualitative approach. These attributions of trustworthiness and reliability may be somewhat parallel to determinations of reliability and validity within the hermeneutic frame.

In qualitative research, trustworthiness considers the transferability, credibility and dependability of the information to determine whether the qualitative data obtained can be considered reliable and valid (Gay, Mills & Airasian, 2006; Lincoln, Lynham & Guba, 2011; Patton, 2002). The qualitative approach reframes the quantitative terminology of reliability in favour of dependability and trustworthiness. A potential problem arises whereby adults may perceive children's responses to lack complexity and reality if they view children as having limited capacity, as is the case with a developmental positioning. As discussed throughout the literature review, children should first and foremost be assumed to have capacity, rather than need to prove it before their ideas and input are be considered as having merit (Lundy, 2007; Sargeant, 2012; United Nations, 2009).

While accessibility to research should be a consideration, explicitly making the research 'child-friendly' is not necessary as it contradicts an assumption that children have capacity (Punch, 2002). It is necessary, however, to be careful that in considering the participants and their linguistic abilities, the research does not become condescending in oversimplifying the research. Instead, making the research 'child friendly' could be to contextualise it based on the language ability of the children participating. In this sense, language is considered in its broadest sense as having the potential to include the ways

children communicate using language of their choosing. Adopting a more narrow consideration of 'acceptable' language may serve to inhibit and exclude those children who want to participate but do not meet researcher-imposed literacy requirements. Research that is truly child friendly contextualises the study according to the children's language ability and repertoire, not capacity (Sargeant & Harcourt, 2012). Incorporating flexibility in the types of output that the researcher considers 'valid' pieces of data serves to align more readily with an inclusive, sociological approach. When considering the research alongside a hermeneutic frame, context and situational factors play an integral part in the way the information is considered and reported.

The way information is reported and analysed when conducting qualitative research departs from the more formulaic and rigid quantitative way of reporting and analysing data. This is due to the methods qualitative researchers need to use to demonstrate the dependability of the research, which could be by using strategies such as member checking (Carlson, 2010; Lincoln & Guba, 1985; Reilly, 2013) or ensuring more active involvement of children at various stages of the research process. As discussed in Chapter 3, there are distinct approaches to conducting research that involves children, depending on whether it is on, about, with, by, or for them (Alderson, 2004; Kellett, 2010). Within each of these approaches, varying degrees of power and considerations of children's capacity are afforded. As discussed throughout the literature review, children's capacities are gradually being acknowledged in research, with some researchers seeking to actively and authentically include children of all ages within different stages of the research process to varying extents. This includes research conceptualisation (Kellett, 2005), design (Harcourt, 2008; Kellett, 2005) and dissemination (The Children's Research Centre, 2012; Harcourt, 2008, 2012; Kellett, Forrest, Dent & Ward, 2004; Kinash & Hoffman, 2008; Kinash & Kinash, 2008). The Children's Research Centre (2010, 2011, 2012, 2013) provides a comprehensive list of work that has been conducted and led *by* children aged 9 and older. Through adult acknowledgment of children's competence and awareness of children's role in each project's research process, researchers are including children in their work. In these instances, children are identified as competent in their capacity as research partners, participants or contributors (Conroy & Harcourt, 2009; Harcourt, 2008, 2012; Kellett, 2005, 2010; Kinash & Hoffman, 2008; Kinash & Kinash, 2008).

The open-ended nature of qualitative approaches means participant disclosure and information about a topic is likely to vary on different occasions (Minichiello et al., 1999), which can add to the richness and depth of the data obtained but can also add to difficulties associated with data management and analysis. Involving children in authenticating and analysing their own data could aid in ensuring that the richness and authenticity of the original responses is maintained. An awareness and acknowledgement of the interplay between context and responses obtained serves to add to the richness and depth in analysis when considering the data alongside a hermeneutic frame. When considering the potential for inconsistent results across different contexts from a quantitative perspective, it would appear that data has limited reliability, and therefore dependability is a more desirable characteristic when using qualitative approaches. This is because dependability can be determined by utilising methods that are “designed and developed in ways that are consistent, logical, systematic, well-documented and designed to account for research subjectivities” (O’Leary, 2005, p. 69). When considering validity, the focus changes from looking at characteristics of the data to focusing on the measures utilised.

Validity investigates “the extent to which a measure is an *accurate* [emphasis in original] measure of the thing that you want to know about” (Minichiello et al, 1999, p. 71).

Validity judgements aim to determine the precision of the measure used, rather than how consistently participants indicate the same information across different contexts, which is the aim of reliability (Minichiello et al. 1999; Neuman, 2007). In qualitative research, data is thought to be valid if the information is authentic and represents “the true voice of the participants in their research” (Hughes, 2010, p. 42). The validity of the research is enhanced as the children are invited to lead the conversation about wellbeing in ways of their choosing. Through this, they provide the validation that their responses are authentic representations of how *they* conceptualise wellbeing, rather than would be possible if they were led and directed by more narrow or focused questions (Sargeant, 2005). This approach is further supported by the hermeneutic approach to analysis as described earlier. The project is consistently and continually informed by processes that are complementary to one another and reinforce the importance, validity and strength of children’s perspectives in seeking to understand wellbeing for children.

The authenticity and trustworthiness of the data obtained can be explored with children by approaching the topic from different angles, or on different occasions, to determine whether any new knowledge can be added to the initial conceptualisation. Assessments of quality are determined by the reader's conclusions, based on the comprehensive recount of the research by the researcher through the cyclical hermeneutic analysis process described earlier. From this, consensus that the research is credible, trustworthy and authentic can be determined (Flyvbjerg, 2006; Rolfe, 2006). By involving children at various stages throughout the research process, such as through involving them in the analysis of their own data, the researcher can better ascribe validity with the data obtained as the focus for the qualitative researcher is on presenting the views and perspectives of the participants rather than the extent of alignment between data and abstract concepts (Neuman, 2007).

A researcher can also triangulate, using multiple methods to compare qualitative data (Kugelmass & Ross-Bernstein, 2000; Nelson & Quintana, 2005). When researching with children, this may be particularly pertinent to ensure that their views are authentically and meaningfully represented and that their own interpretations and meanings are communicated (Sargeant, 2005). Three ways that research can be triangulated include

- Methodological triangulation (Denzin, 1978; Kugelmass & Ross-Bernstein, 2000)
- Investigator triangulation (Barter & Renold, 2000; Denzin, 1978), and
- Member checking (Barter & Renold, 2000; Kugelmass & Ross-Bernstein, 2000; Lincoln & Guba, 1985).

Methodological triangulation involves the use of multiple methods of data collection such as comparison between participant observation, interview data and surveys (Kugelmass & Ross-Bernstein, 2000) to determine the trustworthiness and authenticity of the information obtained. This presents a logical reason to utilise more than one method when exploring the topic of wellbeing. Utilising a range of methods to elicit the same information when researching with children can also serve to ensure they are being provided with a range of communicative tools that will assist them to communicate in ways of their choosing, as is the intention behind Article 13 of the UNCRC (United Nations, 1989). Investigator triangulation increases the validity of qualitative research by

using perspectives from multiple researchers on the same data or observations to identify consistent themes and notions between researchers (Barter & Renold, 2000). However, as this project aligns with hermeneutic philosophy, utilising the perspectives of researchers who were not involved in the data collection procedures would limit the ability to include contextual aspects in the analysis. While other researchers may provide alternate interpretations, these can only be informed by a superficial understanding of the data that cannot include the important contextual elements that informed its development. As qualitative research is subject to scrutiny because of its subjectivity, member checking has proven to be an effective way to increase the credibility of qualitative research, through consulting with respondents regarding the researchers' interpretations and analysis of the information obtained (Barter & Renold, 2000; Kugelmass & Ross-Bernstein, 2000) and ensuring that participants' perspectives are accurately and correctly represented (Nelson & Quintana, 2005; Sime, 2008). Involving children in this way can increase the validity of the research in various stages, including both analysis and interpretation, and serves as a form of triangulation whereby the researcher can ensure that children's responses have been correctly and authentically considered in the ways they intended (MacNaughton & Smith, 2005).

Aspects framed as limitations in quantitative research, such as interviewer, halo and placebo effects, in fact contribute to the creation and formation of experience in qualitative research, particularly when aligned with a hermeneutic approach (Sargeant, 2005). The hermeneutic tradition places the researcher in "an empowered participatory position" (Sargeant, 2005, p. 60) as the researcher is present as the texts are constructed, which adds additional layers and depth to the analysis, as described earlier. In this way, researchers can draw upon their own observations in addition to the semantic meaning of the text in order to inform the development and understanding of the topic.

Conducting qualitative research with children

Qualitative research methods are often used in research *with* children (Barter & Renold, 2000; Kugelmass & Ross-Bernstein, 2000; Nelson & Quintana, 2005; Sime, 2008) because of the naturalistic settings in which many studies that involve children are situated.

Qualitative research with children and young people has been found to be most effective when incorporating a range of alternative modes of communication (Hill, 2006). Using

methods that give more control, demonstrate relevance, and appeal to the participants (children), ensuring their opinions and views are understood and accurately represented, are also effective (Barter & Renold, 2000; Nelson & Quintana, 2005; Sime, 2008). The methods chosen can serve to invite children to exhibit rather than inhibit their capacity. Ensuring the methods used are suitable and appropriate for children maximises the potential for their opinions and views to be obtained in a way that exhibits their capacity. Children's capacity in research has been demonstrated and explored by researchers who include children as active "co-participants" at various stages of the research process (Bessell, 2009; Dockett, 2009; Harcourt, 2009; Kellett, 2010; Phillips, 2010, 2011; Pyle, 2012; Sime, 2008) and also by children conducting research themselves (The Children's Research Centre, 2010, 2011, 2012, 2013; Mann & Liley, 2012).

The social context of childhood places children in a position where the proposed research should clearly attend to additional aspects that may be unique to children's position (Christensen & Prout, 2002; Randall, 2012; Sargeant & Harcourt, 2012). The extent to which any proposed research is 'child friendly' requires consideration, and a determination must be made as to whether specifically *making* the research 'child friendly' is warranted. It could be argued that all research conducted with human participants should respond to, and be respectful of, the characteristics and traits of the participant group whether they are children or not (Liamputtong, 2007; NHMRC, 2007).

Punch (2002) questions the necessity for research conducted under a sociological frame to be specifically 'child-friendly': "if children are competent social actors, why are special 'child-friendly' methods needed to communicate with them?" (p. 321). There is a distinct difference between language that is 'child friendly' and language that is 'child patronising'. In some cases, considering 'child friendly' confuses the two to mean inferior or simplified when this is not necessarily the case (Hundleth, 2011). It is possible that the issue of 'child friendly' language is confused by a subjective assessment that equates to children being considered to lack complexity in their language and therefore incompetent (Kellett & Ding, 2004). This is supported by Punch (2002), who suggests a contradiction even in sociological research whereby the researchers purport to believe in children's capacity, yet undermine it by oversimplifying the research process. The way that this may be exhibited in research could be through using language that is less complex than would be used if conducting the same research with adults. For example, in the context of wellbeing

research, the word 'wellbeing' is often replaced with alternative terms or phrases such as 'what is it like to be...' and 'what do you need to ...' (Adams, 2012; The Children's Society, 2012; Layard & Dunn, 2009; Sargeant, 2007) which could be argued to have a different meanings when applied to understandings of how children *conceptualise* a construct as complex as wellbeing. While eliciting information from children like this does enable researchers to discover children's perspectives on a variety of issues relating to their experience of childhood and topics related to their wellbeing, it does not represent the child's true and authentic understanding of what the actual concept of wellbeing in its broadest sense means.

Assumptions that children prefer or would respond more favourably to 'child-friendly language' have been rejected by children consulted in some research (Barker & Weller, 2003). Instead, their preferences tend towards the use of using more sophisticated language that is typically removed (Barker & Weller, 2003). If using terminology that could, in effect, alter the meaning or understanding of the topic under investigation, the information obtained could be argued to not be representative of the children's understandings of the topic the researcher intended to find out about (Hill, 2006; Kellett & Ding, 2004), but may instead represent the topic that is signified by the alternative terminology. To refer to the earlier example, using alternative terminology to investigate wellbeing may instead present participant views on the other topic. Terminology that is associated with related concepts to do with wellbeing such as 'what is it like to ...' effectively provides information surrounding 'what it is like to ...' for each child, rather than eliciting their views on wellbeing. To this end, the research questions are already framed to say that wellbeing is 'what it is like to ...' rather than exploring the potential for wellbeing to be something more than or different to 'what it is like to do' something. Such framing presents participants' (children's) views on their *experiences* of wellbeing rather than the broader idea of wellbeing in its entirety. This is only problematic if the purpose of the research is to seek information about a particular phenomenon directly, as in this project where children's conceptualisations of wellbeing are specifically sought. While it is useful to understand their perspectives on a variety of issues relevant to their lives, when seeking their views on a specific concept it is indeed necessary to ask about that concept directly rather than by other terms that may be synonymous or considered by adults as conceptually similar.

If one of the outcomes of this research is to add to the evidence demonstrating children's capacity to conceptualise complex issues, simplifying the language and terminology may serve to inhibit and restrict the potential for the children's capacity to be explored. With children's capacity already questioned by those aligned to a developmental positioning, the 'reliability' of children's responses could also be questioned and variously interpreted, particularly if the research is thought to be too simplistic. For example, children would not need to know what wellbeing means to be able to answer a question surrounding what it is like to be a particular age, yet the information could be (and has been) used as indicating children's perspectives on wellbeing. Instead, the information represents children's perspectives on being a child of a particular age, which could be broadly considered as relating to their wellbeing. To determine children's views of wellbeing, they need to be directly asked the question, 'What does the word wellbeing mean?' In exploring the children's ideas using qualitative methods, a clearer and more detailed understanding of wellbeing can be provided. Until children are directly asked, the responses and ideas elicited are only really representative of how children consider different aspects of their life.

In seeking to explore children's perspectives, additional consideration should be made surrounding the complexity of the tasks proposed in the research area. The way the research tasks are constructed may provide additional barriers for children's access to and understanding of the researcher's focus. Inclusion of methods and tools as part of the research design that may be unfamiliar to or complex for children can exclude potential participants from accessing the research. Using tools and methods that are familiar to children, such as drawing, writing and discussion, may then make the research more accessible (Barker & Weller, 2003; Dockett, 2009; Harcourt, 2008, 2012; Harcourt & Hagglund, 2013; Kellett & Ding, 2004; Sargeant, 2005, 2012). These are methods that children of school age in western nations are used to using, so their use in research may provide greater opportunities and time for the children to engage with the topic, instead of with administrative or procedural matters. Incorporating flexibility in the approach, accepting data in multiple formats, and inviting children to respond in way(s) most comfortable and familiar to them assist in enabling children's participation and reducing the inherent power imbalances between adults and children (Barker & Weller, 2003).

Ethics of research with children

The ways in which the sessions are conducted and meaning is constructed are also important to consider within the context of research ethics. Conducting research with children involves a range of barriers that goes beyond receiving approval from an ethics committee. Sime (2008, p. 67) outlines the “negotiation of access” as “a reflection of the society’s view of the *innocent child* in need of protection and a denial of children’s consent as valid in itself.” This view aligns with the dominant view of a society that considers children to have limited capacity to make decisions about matters that affect their lives. There is increasing focus on ethics of research with children from a perspective that acknowledges children’s capacity and rights (Alderson & Morrow, 2011; Dockett & Perry, 2003; Farrell, 2005; Harcourt & Conroy, 2005, 2011; Mortari & Harcourt, 2012; Powell, Graham, Taylor, Newell & Fitzgerald, 2011; Sargeant & Harcourt, 2012). One of the contentious issues surrounding children’s informed consent in research is widely discussed and has been addressed in the literature review.

Informed consent

In Australia, children are not permitted to participate in research until consent has been obtained from the various custodians of their welfare. Children’s private and social lives are overseen by a number of gatekeepers, including parents and guardians, teachers, schools, councils and government departments; as Smith (2011b, p. 20) points out, “it is usually adults who open or close doors to children’s participation”. There are also restrictions to accessing children for research caused by the need to consider the children’s schedules, timetables, and routines within a standard day. In some countries, Australia included, child (as opposed to adult) research participants are not considered able to provide informed consent on their own (National Health and Medical Research Council [NHMRC], 2007; Nelson & Quintana, 2005).

Children may feel obliged or pressured to participate in research due to the imbalance of power between an adult researcher and child participant, or if there are incentives being offered (Sime, 2008). Similarly, children may not want to participate in research if it is perceived as irrelevant or the children believe their time would be better invested in a different activity (Hill, 2006). The alignment of this study to the sociology of childhood

places these considerations at the forefront of decisions surrounding research design and processes.

In Australia, the National Health and Medical Research Council (NHMRC) ethical guidelines do not require active consent from children provided parental consent has been given, but requesting consent from each child prior to commencement of each data collection session can enable the child's participation to occur on a more equal level (Dockett, Einarsdottir & Perry, 2011; Harcourt, 2008, 2011; Sargeant & Harcourt, 2012) and adheres to university research ethics requirements that require children's assent be sought.

As described in the literature review, the UNCRC contains a number of participation mandates (United Nations, 1989). By inviting the children to participate in the research on each occasion the 'research conversation' is to take place, they are being given a choice to participate, instead of the decision being made for them (Dockett, 2009, Harcourt, 2009, 2011; Sargeant & Harcourt, 2012; United Nations, 1989). This also potentiates greater ability for children's participatory rights to be enacted. When conducting research with children, the importance of even a broad understanding of childhood and children's rights is necessary. This enables the researcher to be aware of factors that may inhibit their ability to fully recognise, consider and incorporate children's needs in the research context (Gray & Winter, 2011; Hill, 2006; Hunleth, 2011). When seeking to ascertain children's perspectives on wellbeing, the researcher's positioning of children in seeking to enable their participatory rights should be inherent within the design and methods chosen.

The nature of qualitative research in itself is somewhat unpredictable (Sime, 2008), and during the research process certain topics or discussions may lead to identification of issues that children find distressing (Barter & Renold, 2000). When discussing the topic of wellbeing, children may highlight a number of interrelated elements. It is important that the researcher is aware of the possible power imbalances inherent in the adult-child research relationships and the possibility that some children may feel pressured to continue with the project despite feeling uncomfortable or emotionally threatened (Nelson & Quintana, 2005).

Confidentiality and protection

Working with children in groups is often a strategy used when researching with children (Clark, 2009; Powell et al. 2011). It can assist to increase the comfort level of children to share their views and opinions as they are with their peers and develop rapport, and it helps reduce the power imbalance inherent in a one-on-one adult-child situation (Crivello et al., 2009; Powell et al., 2011). When researching with children, particular consideration as to how confidentiality will be assured to the participants is often required. This is challenged by research where children specifically want to be identified in the dissemination of their information (The Children's Research Centre, 2010, 2011, 2012, 2013; Harcourt, 2008, 2012; Kinash & Kinash, 2008; Kinash & Hoffman, 2008).

The way a researcher approaches issues such as confidentiality can have implications for rapport development and children's willingness to divulge information that may typically be privy only to other children (Sargeant & Harcourt, 2012). When discussing an area such as wellbeing, the children may choose to disclose examples to illustrate broad ideas. Utilising small focus group discussions may be one way to ease the comfort levels of participants and promote discussion of concepts and themes raised during the sessions. However, if data is obtained through focus group discussions, assurance of anonymity is difficult. If the information the children communicate is not specifically personalised, they may be more comfortable in choosing what they wish to share.

In much qualitative research, anonymity cannot be assured within groups as the researcher will be present and know the identity of participants (Burns, 2000; Sargeant & Harcourt, 2012). This can be addressed by de-identifying all information prior to storage and dissemination so that only the individuals participating in the research and the researcher collecting the information are familiar with the identity of participants. In seeking children's perspectives about wellbeing, it is not an aim of the research to diagnostically or personally target the perspectives of one child. The collection of identifying information is to differentiate between the children's responses so that individual voices may be shared with those engaging in the dissemination.

Each of these elements require consideration; it is particularly important for those conducting research with children that the responsibility of the researcher does not end with ethical approval (Alderson & Morrow, 2011; Sargeant & Harcourt, 2012). Approval

alone does not automatically mean that the research will be conducted in a way that adheres to ethical principles. This provides yet another reason why it is both beneficial and important for the researcher to have a solid understanding of childhood and to position children's capacity prior to undertaking the research. In seeking children's perspectives on wellbeing, the researcher will be required continually to reflect on the processes and practices to ensure ethical conduct is maintained throughout the process.

When using a qualitative approach, opinions and experiences expressed can be unpredictable and may diverge to areas that are particularly sensitive or troubling to the participants (Sime, 2008) and that may cause concern or distress. In discussing the topic of wellbeing, the children may recall examples or instances where they felt their wellbeing was threatened or lowered. Qualitative researchers should have appropriate referral systems in place such as counselling services, a standard component to be addressed in ethical clearance procedures (NHMRC, 2007). While access to referral systems may be available, the most suitable way to address this concern, should it arise, is to terminate the session and provide professional support or referral as necessary. It would be unethical for a researcher to allow a session to continue when it is evident that a participant is becoming distressed or upset because of the nature of the topic.

It is possible that the physical location and environment where the sessions are conducted may have an effect on the willingness of participants to disclose and discuss information. Factors such as teachers walking into the room while the session is occurring, or the room allocated for the sessions being associated with something else such as behaviour management (Sargeant, 2012), could affect a number of aspects to do with the project itself (Sargeant & Harcourt, 2012). To minimise the negative effects such elements may have, it is important to provide a safe and supportive environment and situate participation in the project outside the conventional or typical uses of the physical space. When conducting research within educational contexts, it is typically the school that determines the physical space the researcher can use. This may also be where determinations surrounding the extent to which rapport should be developed are considered.

Rapport

There are varied perspectives as to the role rapport can have when conducting research, particularly when researching with children (Sargeant & Harcourt, 2012). The extent to which rapport is to be developed in this study is limited to establishing common ground with participants (Berg, 2009). While there are obvious differences between researcher and participants, common ground lies in that all are 'students'.

To initiate continuity across the sessions, the researcher should introduce and commence sessions in the same way. This would, at least in theory, enable some of the contextual factors surrounding the commencement and introduction for each session to be replicable across different groups and settings. While the development of rapport with participants in this research was not specifically sought, it was anticipated that a level of rapport would develop given the nature, timing and length of each session. The possibility of 'interviewer effects' (Davis, Couper, Janz, Caldwell & Resnicow, 2010) or 'Hawthorne effects' (McMillan & Schumacher, 2010; Neuman, 2007, 2011) were given due consideration and incorporated into the data analysis as is an expected process within an hermeneutic framework.

Designing research

The following sections discuss the design decisions for this research, including the scope and context, the data collection methods and process, and the analysis procedures.

Scope and context

While many of the issues identified throughout this research are not unique to an Australian context, it should be acknowledged that this study draws on the views and perspectives of children in one region of one Australian state. To position the study within the current educational context in Australia, some factors require acknowledgement. The Australian government is currently enacting a substantial overhaul of the education system whereby curriculum and educational practices are moving from a state to a national priority and consistency (ACARA, 2013). Children's views are not being sought in this reform (Harcourt & Hagglund, 2013), which makes it highly appropriate to encourage the consultation and integration of children's views and

opinions on matters that affect them. With the redevelopment of various educational policy and practices, as well as the precedent being set by the Early Years Learning Framework (Early Childhood Australia, 2009), it is a significant time to be involved in contributing to the conversation about how Australia intends to shape future generations of Australian children. As the government undertakes this reform, information such as the perspectives of children on a topic directly relevant to and catered for in the Australian education system is both timely and relevant.

The geographical location of the study was chosen because of convenience. The participants recruited for this study each attended primary school in south-east Queensland. To situate the study within a narrower context, it is apparent that the limited research that has already discussed wellbeing with Australian children focused on children residing in the state of New South Wales. New South Wales historically has consistently higher levels of academic achievement than Queensland across national literacy and numeracy testing (ACARA, 2012). At the time data was collected for this study, although children in Queensland began school one year later than their New South Wales counterparts, they were considered to be in the same year level and were compared with children of the same age in other Australian states for the purpose of national assessment. This structure may change in the Australian educational reforms mentioned earlier. It is not known whether there are differences in the abilities of the children in different Australian states when it comes to conceptualising topics such as wellbeing.

Methods of data collection

A collection of qualitative tools was considered for use in this study including survey, drawing/illustration, and group discussion.

Survey

Surveys use a range of standard questions to elicit information about the topic of interest under similar conditions (Burns, 2000). Utilising surveys as a means of collecting data with children can determine an individual's initial thoughts and conceptualisations of a construct prior to group discussion or other activities. The survey can also serve as a primer to determine in a non-confrontational way what a child knows about the phenomenon of interest: in this instance, the construct of wellbeing. Surveys can be

conducted in written or verbal format, and a group setting with children may be an effective way to commence subsequent discussions (Sargeant & Harcourt, 2012).

Questions used in a survey can be closed, where the participant must choose between a select number of options or responses, or open-ended, where the participant can elaborate and expand on a response and provide justification or further explanation (Burns, 2000; Cohen & Manion, 1994; Hopkins, 2002; Minichiello et al. 1999; Patton, 2002).

In this project, a range of communicative options was provided for the children to use when opting to respond to the questions. Children could respond verbally, through writing or drawing, or through a combination of these. This acknowledges and embraces the principles of Article 13 (United Nations, 1989), and provides a balance between the researcher's objectives and how the children choose to communicate information.

Sargeant (2005, p. 63) asserts that the use of surveys when researching with children of tween age (8 to 12 years) is an effective way to "elicit a spontaneous response from the children without possible contamination that can occur via other mediums of data collection. The children are able to engage, reflect, and respond to each question at a level of their choosing, and with detail commensurate with their cognitive skills." Careful consideration was put towards designing questions in a way that adequately addressed the required elements of the overall research focus (Minichiello et al. 1999) without limiting or inhibiting the children's ability to communicate as fully as they were willing or able to. As the aim was to make the research predominantly child-led, the questions considered in the surveys were to be broad and open while ensuring the overall focus of determining how children conceptualised wellbeing could be achieved. The questions were designed to elicit demographic information, knowledge, attitudes and behaviours towards a particular topic (Minichiello et al, 1999) and were carefully planned prior to administration. Existing 'child friendly' surveys (The Children's Society, 2010, 2011, 2012, 2013; Layard & Dunn, 2009; Lyubomirsky, 2001; University of Pennsylvania, 2007) were examined and critiqued in an attempt to ensure the questions posed in this study would meet all the required purposes.

When administering surveys simultaneously to a group of children, a greater breadth of perspective can be elicited. Surveys are frequently used in education for local and national testing, and are a method that children in grades three and above are likely to be familiar

with or to have come across during their schooling career (Australian Curriculum, Assessment and Reporting Authority [ACARA], 2012; OECD, 2012; Sargeant, 2005).

Drawing/Illustration

It was important in this study that children were not inhibited by the available methods and tools used in the research. Some research suggests that children may be able to articulate themselves better via drawing than by using spoken or written language (Barker & Weller, 2003; Dockett, 2009; Sargeant, 2005; Wright, 2003). Providing drawing as a communicative option allows the freedom to express the “endless supply of ideas, interests, thoughts, feelings and things to say” (Wright, 2003, p. 50), and is much more complex than putting pen to paper. Drawings are often used in psychology and education for diagnostic purposes and to explore children’s feelings and experiences in a way that is less confrontational and intrusive than direct questioning (Burkitt, Barrett, & Davis, 2003; Cherney, Seiwert, Dickey & Flichtbeil, 2006; DiLeo, 1983).

Drawing is a tool that can be used with all children, as even very young children have the ability to draw; various aspects of the complexity and development of children’s drawings have been widely studied (Barker & Weller, 2003; Cherney et al., 2006; Cox, 1997; DiLeo, 1983; Einarsdottir, Dockett & Perry, 2008; Harrison, Clarke & Ungerer, 2007; Wright, 2003). Drawings have been used to explore feelings and ideas about concepts with children in middle childhood, as their cognitive development at this age enables them to communicate ideas and feelings on both conscious and unconscious levels (Burkitt et al., 2003; Cherney et al., 2006; Fury, Carlson & Sroufe, 1997). Collecting data with children through verbal or written means alone assumes that all children in a group have a level of competence in literacy and verbal ability to be able to communicate what they want, how they want, in a clear way. Utilising drawing as a data collection medium gives more power and control to children involved in the research (Barker & Weller, 2003), as it is a communication tool that they use regularly in the classroom (Einarsdottir, Dockett & Perry, 2008; Harcourt, 2008, 2012; Sargeant & Harcourt, 2012).

Children may feel more comfortable or confident using a visual medium to explain a construct in combination with written or spoken means (Dockett, 2009). This serves to increase their control over what they choose share with the researcher and how (Dockett, 2009), and also serves to aid in upholding their Article 13 rights (United Nations, 1989).

Group discussion

Group discussion has been used in research with children (Bessell, 2009; Dockett, 2009; Einarsdottir, Dockett & Perry, 2008; Harcourt, 2009; Kellett & Ding, 2004) as it allows the topic of interest to be explored in depth and built upon by other members of the group (Cohen & Manion, 1994). Small group discussions are increasingly used in educational research as they rely on “the interaction within the group who discuss a topic supplied by the researcher, yielding a collective rather than an individual view” (Cohen, Manion & Morrison, 2007, p. 376). Issues covered using group discussions often reveal a lot more detail and depth than surveys (Cohen et al., 2007) making this choice of method useful to supplement other methods.

By using a combination of discussion, drawing and survey, it was anticipated that the researcher would be able to explore the children’s conceptualisations of wellbeing in a variety of ways. Small group discussions with the researcher as facilitator were used to guide discussion around the specific topic (Sim, 1998) of wellbeing and explicitly drew on the interactions in the group as part of the data (Berg, 2009; Farnsworth & Boon, 2010). Some advantages of using group discussion methods for children and adults alike include efficiency, flexibility, simpler sampling strategies, peer support, and the ability to explore topics further (Barker & Weller, 2003; Berg, 2009; Farnsworth & Boon, 2010; Sim, 1998). The advantages of utilising this method are further highlighted when they are used in combination with other data collection tools such as drawing and surveys, as outlined above (Barker & Weller, 2003; Dockett, Einarsdottir & Perry, 2011; Einarsdottir, Dockett & Perry, 2008). By exploring the topic of wellbeing from a range of perspectives in a range of ways, richer data can be obtained and a better understanding of wellbeing from the perspectives of the participants gathered. By using methods that are familiar to the participants, such as group discussion, some of the additional learning that may be required in order for more unique or ‘novel’ tools may be minimised.

Design Phases

Sargeant (2005) and Harcourt (2011) utilise a phase-based approach for communicating the design processes of the research. The design process for this study consisted of the following seven phases (summarised in table 1).

Table 1
Research design processes

Phase	Focus	Method and Materials
Phase 1	Literature Review & Research Design	<ul style="list-style-type: none"> • Review relevant literature • Research question development • Develop data collection instruments
Phase 2	Ethics <ul style="list-style-type: none"> • Select sampling frame • Data Collection and Analysis (Group only) 	<ul style="list-style-type: none"> • Submit ethical clearance forms (University, Education QLD, Catholic Education Brisbane) • Invite schools to participate and distribute information letters and consent forms (children, parents, teachers and principals) • Arrange and conduct 2 data collection sessions with each 'Group only' focus group (Type 1)
Phase 3	Data Collection (Individual and Group)	<ul style="list-style-type: none"> • Arrange and conduct 3 data collection sessions with each 'Individual and group' focus group (Type 2)
Phase 4	Data Analysis	<ul style="list-style-type: none"> • Engage in ongoing analysis and reflection • Collate and code data • Involve the children in analysis of their own data • Researcher also provide analysis of data to be verified by participants

Phase	Focus	Method and Materials
Phase 5	Reflection/Analysis	<ul style="list-style-type: none"> • Reflect upon research contexts, process and data • Reflect upon children's analysis of their data and how that can inform and contribute to researchers interpretation
Phase 6	Discussion	<ul style="list-style-type: none"> • Interpret and discuss results presented and outline the implications for knowledge
Phase 7	Dissemination	<ul style="list-style-type: none"> • Commit to ensuring that the views and perspectives presented are communicated to audiences more widely to enhance the standing of children as capable informants on matters that affect their lives.

Phase One

Literature review

A wide review of relevant literature was conducted to determine what had been done previously and to identify where knowledge in the area was sparse. A summary of the literature provided in the three literature review of this thesis serves to form the basis for this research. While exploring the literature, a series of research questions emerged that led to the formulation of the specific questions involved in each data collection stage. One involved the varying views of children's capacity, presented in the literature. Another was the conspicuous absence of research with children in the tween years – particularly research that sought to acknowledge and embrace children's perspectives (Adams, 2012; Sargeant, 2005, 2012). Even more evident was the paucity of research into perspectives on wellbeing by children of this age (Adams, 2012; Fattore, Mason & Watson, 2007). For

these reasons, the tween group were chosen for the research, and a method of exploring their capacity and perspectives was devised.

Data collection types

Data collection for this study consisted of two distinct types. Type 1 involved five focus group discussion sessions with children from one school on two occasions (n=10 sessions). The first session utilised a series of broad discussion questions to explore how the children collectively conceptualised wellbeing. In the second session, the children provided visual depictions of wellbeing through drawing. The focus of these two small group discussion sessions was to determine how children conceptualised wellbeing collectively and to assess the feasibility of the methodological design choices.

Type 2 data collection consisted of three sessions with seven groups of children from four different schools (n=21 sessions). The children individually brainstormed wellbeing during the first session, and thematically analysed the items generated by each person in their group in the second session. In the third session, they individually and collectively devised a definition for wellbeing. The focus of the combined individual and group discussion sessions (type 2) were to elicit and obtain individual conceptualisations of wellbeing prior to collective discussion and conceptualisation.

The Location

All participants were recruited from primary schools in South-East Queensland, Australia (see map below). All the schools were from the same educational district.



Source: Google Maps (2013)

The participants were recruited from government, non-government independent and Catholic schools in the region.

Each data collection session occurred in the middle of the week (Tuesday, Wednesday and Thursday) and the middle session of the school day (11am–1:30pm), as negotiated with each school. Sessions for two of the groups occurred during their lunchbreak. The physical locations included the school hall, the staff room, the ‘time out’ room (behaviour management), the storage room, the meeting room, the special education unit room, the school counsellor’s office, and the music room, as negotiated with each school.

Preliminary preparation for each phase of the project included fully briefing the students about the nature and purpose of the research and inviting them to participate.

Selection of participants

The sampling frame for data collection remained the same across both data collection types, inviting children between the ages of 8 and 12 inclusive to participate in the study ($n=54$ participants; 31 female, 23 male). There were 20 children who participated in the type 1 data collection and 34 children in the type 2 data collection. Gender differences were not of specific consideration.

The researcher obtained relevant ethical approval and arranged meetings with the principals of each school. The project and process were explained and the school

representatives provided with the opportunity to ask questions or request clarification. Consent forms (see Appendix A) were sent to all parents of students in grades 3 to 7, and based on the returned forms, all students willing to participate were placed into discussion groups of 4 to 6 people. The groups formed during type 1 data collection were made up of two males and two females from the same year level. Each knew the others prior to the project. The groups formed during the type 2 data collection process consisted of children of different ages and year levels who might or might not have known one another prior to the project. This was a function of the number of signed parental consent forms that were returned, as well as of the number of classes of the same year level that the school had.

The children and class teachers were notified in advance when the researcher would be coming and what the researcher was coming to do. When the children met with the researcher, a typical initial interaction or greeting by the children was *'You're here from the uni, aren't you? Did you get my form?'* Once in the designated research room, the researcher formally described and briefed the children on the project and invited them to participate.

Obtaining consent

In line with formal ethical requirements, informed consent was gained prior to conducting the research (Ellis, 1996; National Health and Medical Research Council [NHMRC], 2007). Consent was also sought on each occasion from each child participating in the session. While there were some differences in the way each group was introduced to the researcher and research, the briefing and consent procedures were consistently replicated as follows:

Step	Procedure
1	Children choose where they would like to sit and where they would like the researcher to be.
2	<p>Researcher asks the children how much they know about who the researcher is and why the researcher is here. Researcher previews what will be said.</p> <p>Script/Prompt: <i>'I am going to tell you who I am and why I am here, and if you have any other questions as we go, let me know'</i></p>
3	<p>Researcher introduces herself using her first name, and gives a brief explanation of where she is from.</p> <p>Script/Prompt: <i>'My name is Jenna and I am from the university'</i></p>
4	<p>Researcher explains why she is at the school.</p> <p>Script/Prompt: <i>'What I do, is I go around to different schools and talk to kids. I talk to kids about some different things to find out what they think about them. Once I have found out what kids think about the topic, I go and tell adults because sometimes adults don't know what children think about things.'</i></p>
5	<p>Researcher explains this project</p> <p>Script/Prompt: <i>'Why I've come here today is to find out what you think about wellbeing. I want to find out what you think about wellbeing to help adults understand what children think about it. Because sometimes what adults think about something can be different to what children think about something.'</i></p> <p><i>You were chosen because you brought back a [colour] form that your parents signed. Even though your parents said it was okay for you to do it, if you don't want to, that's okay. You won't get in trouble. If you decide you want to talk to me next time I'm here but not this time then that's okay as well. You can also change your mind once we've started'</i></p>

Step	Procedure (continued)
6	<p>Researcher explains what will be required from children.</p> <p>Script/Prompt: <i>'I will be coming to talk to your group three different times. Each time we will be doing different things to do with wellbeing. Each time I come to talk to you, you can make the decision whether or not you would like to talk to me. It is okay if you want to talk to me sometimes or if you do not want to talk to me at all'</i></p>
7	<p>Researcher asks what questions the children have and answers the questions.</p> <p>Script/Prompt: Types of questions included:</p> <ul style="list-style-type: none"> • What types of things the children would be doing each session • How much time it would take • Whether the teachers/parents/ school would know what they had said • What would be done with the information they provided • If the researcher did anything else at the university other than talk to adults and kids
8	<p>Researcher provides each child who has said they would like to participate with a written consent form and asks if the children mind if the researcher reads it aloud (see Appendix A).</p>
9	<p>Researcher asks the children who would like to participate if they will complete the consent form slip (see Appendix A).</p>

During the data collection process, some children chose to opt out of some sessions but participate in subsequent sessions, demonstrating one way that the researcher remained cognisant and welcoming of ethical protocols when researching with children. It also indicates that the children were aware of and had the ability to embrace their right to withdraw from all or part of any session at any time, without fear of penalty or consequence.

Phase Two

After exploring the data generated through the type 1 data collection process, the researcher determined that the richness and power of individual views might have been stifled. To explore children's individual views, four schools were chosen for the type 2 data collection process, which sought both individual and group perspectives. The schools were of similar size and from the same educational region.

Verification of research design

The research design was verified through the small group discussion (type 1 data collection) results. Initially, there was scepticism from some gatekeepers within the university surrounding children's perceived ability to participate in the study. The gatekeepers raised an issue with the perceived complexity of the proposed task where children were to discuss the difficult construct of wellbeing without the use of specifically 'child friendly' language. This issue was raised even though the researcher clearly identified how children and their capacity were positioned for this study. An agreement between the gatekeepers and researcher was reached whereby data would first be collected via group discussion (rather than individual responses) to illustrate that the construct of wellbeing *was* something that children aged 8 to 12 could understand and discuss in a clear way. Each session was audio-taped, to enhance the authenticity of the information obtained and for transcription. A series of guiding discussion questions (see below) were adhered to, and served to lead the discussion on aspects surrounding the concept of wellbeing during the type 1 data collection.

Guiding Discussion Questions

1. Have you heard the word wellbeing before?
 2. What do you think the word wellbeing means?/How would you describe what it means?
 3. What other words might mean the same thing?
 4. Where do you learn about wellbeing?
 5. How do you learn about wellbeing?
 6. If you don't learn about wellbeing in class, how do you know about it?
-

Prior to outlining the specific data collection steps, attention will again be drawn to a specific part of the UNCRC, discussed in the literature review. Article 13 (United Nations, 1989) deserves additional mention in this section as considerations surrounding it were at the core of data collection decisions in this study. Specifically, this article states that

The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice (United Nations, 1989).

The type 2 data collection processes specifically sought to enable the children's Article 13 rights to be enacted.

Phase Three

After reflection on the design decisions above, the average length of time the children in the type 1 data collection small group discussions took, and the length of time the schools were willing to provide access, it was determined that type 2 data collection discussions would consist of three sessions of approximately 30 minutes each. However, in practice the first session took around 45 to 50 minutes and sessions two and three averaged around 40 minutes each.

Session 1 – Rating and defining wellbeing

After the researcher's introduction, briefing and description of the research, the children were able to opt in or opt out of the study. Throughout the session, the researcher continually reinforced that there were no right or wrong answers, and that the children's views and perspectives on wellbeing, should they decide to share them, was what the researcher was seeking to find out.

As an initial task, each child participating in the research was given a piece of paper with a series of standard demographic questions (age, gender, and grade) and a 0 to 10 rating scale. The scale is replicated below:

Q. What rating would you give your wellbeing today?

Lowest				Middle				Highest		
0	1	2	3	4	5	6	7	8	9	10

Individually, the children were then asked to list up to five positive things (that increased their wellbeing) and up to five negative things (that decreased their wellbeing) on the page. After completing the lists, the researcher collected the surveys (see Appendix D) and provided each child with a piece of paper. The children were invited to use the paper and coloured pencils or pens to individually brainstorm as many things as they could think of to do with wellbeing. The children drew, wrote, spoke or used a combination of drawing, writing and speaking to communicate their thoughts.

Session 2 – Children’s analysis

Once the children were collected from their various classrooms in the ways designated by each school, the same process of talking about the project and seeking their consent was sought. The researcher began each session by asking the children what they remembered about the previous session: what they talked about, what they did, and what the researcher wanted to find out. Most of the children remembered the researcher as ‘the wellbeing lady from uni’. Even before entering the designated room, many started talking about what they had written or drawn in the previous session.

As with the first session, each child was provided with a piece of paper with the same demographic questions from the first session and the 0 to 10 rating scale. They were again asked to rate their wellbeing today, and given the option to outline the main reason for their rating. The children did this through either writing it on the page under their rating, or saying it aloud. As this was the same task that they had completed in the first session, it was familiar to them.

In preparation for session two, the researcher transcribed each of the items identified and discussed by the children in session one. This process utilised the commentaries that accompanied the children’s drawings, as well as their written and spoken responses from the first session. Each of these items were printed on paper and cut into what the researcher refers to as individual ‘units of analysis’.

For the session, the researcher brought a number of sheets of A3 paper, glue sticks and coloured pencils for the children to use in the grouping exercise. Duplicate cut-outs of the 'units of analysis' were also provided so the children could provide multiple codings for the same items or split them into sub-groups within their larger 4-to-6 person group to categorise the items, if they chose. There were multiple envelopes prepared to cater for the different grouping options that the children may have utilised when engaging with the task. There were also blank slips of paper, pens and pencils that they could use to add to the pile. The researcher made identical duplicate envelopes for each group, as the children were told they could choose to participate in this activity by themselves or in groups of their choosing.

They were asked to use the responses on the slips of paper generated in session one to create sets of responses (that they then needed to name) to describe wellbeing. This was conducted as a means of verifying the original data so that the researcher could ensure that the meaning attributed to the unit of analysis was interpreted as intended. Once the categorising sets had been created, the children were asked to paste the slips of paper (units of analysis) onto a larger sheet of paper and name each set, to ensure the slips of paper did not get lost or mixed up. In order to begin the process of identifying the priorities of the children about wellbeing, the children were asked to individually and silently vote on their preferred set of responses. This process was initiated via a secret ballot in order to reduce the potential influence of other members of the group on the children's personal choice.

Session 3 – Defining wellbeing

The third and final session began in the same way as the previous two. The children were collected from their classrooms, the project described and the children asked whether they would like to participate in the session. One child was too busy to participate but would do it another time if the researcher was coming back. The same demographic questions that were provided in the previous two sessions were provided, and the children were again asked to complete the questions and rate their wellbeing today on the rating scale. After this, the researcher and children recapped the activities that had been completed in the previous two sessions. The researcher explained that in the first session she found out all the different things that the children thought about wellbeing. In the

second session, she found out what things to do with wellbeing could be grouped together, and what things the children felt were most important for wellbeing. The researcher used the same words that were used in the initial session to remind the children that she wanted to help adults understand what children thought about wellbeing because sometimes what adults think about something can be different to what children think. The researcher asked the children what they did when they wanted to find out what something means.

As with the other two sessions, the researcher reiterated that there were no wrong answers, and that she was seeking to find out what wellbeing meant to them. Based on the children's responses from the previous two sessions, and the multifaceted ways they conceptualised and discussed wellbeing, three follow-up questions were asked after they had provided the definition. The definitions were initially determined individually, then a group-determined definition was sought. The three follow-up questions, answered individually, explored how they would conceptualise the purpose of wellbeing (what the children thought wellbeing 'does'), as well as what could challenge and/or protect someone's wellbeing. All of the definitions were de-identified by having each child secretly choose a different coloured sticky note tab, which was stuck on the page by their definition. Each of the definitions and corresponding coloured tabs were placed in the middle of the table. The children were then asked to decide which definition was the most suitable for describing and defining wellbeing for them if they had to come up with one definition from the whole group. Some groups voted on the colour of definition that they thought was the most accurate, while others combined different aspects of some of the definitions to form a new 'group' definition. This 'group' definition was constructed using a range of elements from the individual definitions provided by the children in their group.

As in all the sessions, the researcher encouraged the children to participate in the tasks in ways of their choosing, and reinforced that there were no wrong answers. After the children had determined the group definition, some groups within the session began to talk about things that they were thinking about that related to wellbeing, such as life and death. Some groups asked the researcher if there was anything else she would like to know about wellbeing from them; while other groups indicated that they did not know anything else about wellbeing and therefore could not tell the researcher any more about

it. The researcher used the children's cues and verbally communicated preferences (the children initiating further discussion or indicating that there was nothing else they could tell the researcher) to either invite the discussion to continue or to bring the session to an end. The children were thanked for their participation and time and provided with a participation certificate. Some children said that the researcher should return to talk to them 'a while from now' in case they thought of anything else. The researcher indicated that this might be difficult as it was near the end of the year and some of the children would be attending a different school the next year when they entered high school. The children agreed that it would be difficult to get everyone together again, and seemed satisfied that this was the end of the last session with the researcher for this project.

Data management

At the conclusion of each session, the researcher scanned a copy of all work produced during the sessions and saved it to a locked folder on her computer. The audio recordings were transcribed, and raw data from the hard copies recorded in Excel. At the conclusion of the data collection process across each group [type 1 data collection, 10 sessions; type 2 data collection, 21 sessions] the scanned data was securely stored and recoded using NVivo software. This was done for coding verification and to check the consistency of the coding. The original data was then stored in a folder inside a padlocked cupboard in a pin-code locked room at the university.

Confidentiality

Throughout the process of data collection and subsequent management of the data obtained, it was important to ensure and assure confidentiality. For ease of reference for those reading this thesis and in line with university ethics approval, the children have been assigned pseudonyms to preserve their anonymity in the results section. The researcher ensured that any time during the data collection sessions where individual responses could be shared or discussed that the data was de-identified. This occurred on two occasions: during the second session when children were asked to group and analyse the responses from the first session, and during the third session when they were to discuss the individual definitions presented. On both occasions the researcher assured confidentiality to the individual by removing identifying information. On some occasions,

children chose to outline their contribution during the grouping exercise by saying, for example, 'I wrote that' or 'who said that?'. When this occurred, the researcher reminded the children that the researcher was interested in everything that they had to say about wellbeing even if only one or two people said it. One group wanted to know if anyone would be able to identify them afterwards through what they had said during the sessions:

Shelley: Do we have to read these out?

R: Not if you don't want to. The only person that will read them is me

Shelley: But not now

Claire: It's not like it's personal

Tyson: You're going to tell parents and stuff?

R: I won't tell the parents anything if you don't want me to

Tyson: Not my parents, but like older people. You said before you were going to talk to other people about it.

R: 'They won't know it's you that said it. I won't say that '[child's real name] said' I will say 'so I went and spoke to children and here are all the things they said' '

Libby: Oh okay, that's okay.

Callum: Oooh ohh say my first name, my middle name and my last name ... please! I want to be famousssssss!

Tyson: What if some crazy psychopath comes after you then?

Claire: Like a massive fan and they won't leave you alone

Callum: I can tell them to

Shelley: They won't listen

Tyson: Most people won't

Callum: I don't care

The researcher's supervisors were only able to access transcribed and de-identified data. In this research, only the individual participant and the researcher knew which data belonged to whom. It was not anticipated that any sensitive issues would arise through discussions about wellbeing as the questions did not specifically ask the children to think about matters affecting them in particular; instead they were asked to consider wellbeing broadly.

As each session built upon the broad ideas discussed from the individual conceptualisations, it was not of consequence for the researcher to know who had said

what in each session. Furthermore, the researcher only kept track of each child's wellbeing ratings across the three sessions for means of comparison with their previous scores. The other material produced in the sessions did not contain any information that might make it possible to identify any individual participating in the study. In reporting the information, all identifying information has been removed or replaced with a pseudonym.

Phase Four

Development of analysis

A hermeneutic perspective informed the analysis of data and produced an analysis consisting of four parts. As the data obtained consisted of a variety of sources and not of the interview/in-depth interview/narrative often used as the means by which hermeneutic analysts choose to collect their data, it was determined that an approach that draws upon the strengths of both an idiographic and nomothetic method would provide a richer and clearer picture of how these children conceptualised the construct of wellbeing. It is an intention of this research to provide both the individual (idiographic) and shared perspectives (nomothetic) of the children in conceptualising wellbeing. In effect this presents what Husserl (1913/1983, p. 25) terms "eidetic singularities" which represent "essences which necessarily have over them 'more universal' essences as their genre, but do not have under them any particularization in relation to which they would themselves be species." This allows the researcher the ability to present the individual and general essence of the phenomenon without claiming generalisability or universal characteristics (Finlay, 2012; Halling, 2008).

Where this project departs from grounding in inherently idiographic and nomothetic methods is in the form of how 'individual' is decided for the purposes of determining the individual *essence* or experience. Unlike much phenomenological research that draws upon rich narratives, interviews and descriptions of lived experience, this study conceptualises 'individual' broadly. Individual could refer to one person, or a small group where the children's collective discussions and therefore collective representation of the phenomena are presented through collaboration or shared understanding, offered through their interactions during the data collection sessions.

Data analysis procedure

The 'individual' description of the phenomenon, when considered on surface level alone, may not provide the same level of insight as the small group, as, in line with hermeneutics, the context in which the information was put forth by the children is unable to be fully recognised if the impact and interplay of the other members of the group in each single child's individual interpretation is neglected. In this sense, 'cases' refers to the number of 'individuals' represented in that analysis. The cases are analysed across sessions (time 1, time 2 and time 3); therefore each individual case will have multiple essences across the analysis process. Specifically, analysis will occur in four main parts:

1. Idiographic method (34 cases). The responses from each individual child are considered and the essence of wellbeing for each child is presented
2. Idiographic method (13 cases). The responses from each focus group are considered and the essence of wellbeing for each individual focus group is presented. This will duplicate information from the previous analysis but may also provide additional elements that were discussed orally by individuals within each group but not necessarily represented on any individual child's paper
3. Nomothetic method (13 cases). The individual response from each child is mapped across to the 'essence of wellbeing' for that focus group, to identify any gaps between the children's written or pictorial representations and their verbal descriptions
4. Nomothetic method (1 case). The responses provided from the third analysis (above) from each focus group are combined to present the general essence of the phenomenon of wellbeing from the perspective of the participants.

As indicated previously, the researcher divided the information provided by the children throughout the sessions into what she terms the 'units of analysis'. These units consisted of

- any and all individual themes identified in the transcript
- any and all individual themes identified on the sheets
- any singular parts of text

- individual words
- chunks of passage
- descriptions and labelling of drawings
- verbal discussion as recorded with the audio recorder.

Through this process, the data was reported initially in terms of themes generated inductively from the data, then discussed in terms of themes generated through the literature. The process of data analysis for this research was ongoing and informed by continual reflection aligning with the hermeneutic process. Each unit of analysis was coded multiple times on many separate occasions until the information was being coded the same way each time. The repetitive refinement of themes to fit within broader categories was necessary to ensure the researcher was fully immersed in the data and had considered multiple meanings and interpretations beyond those initially considered. The children thematically analysed their own data in the second session. This aided in the researcher being able to ensure that her analysis of each unit was consistent with the children's intended meaning. Doing this also enabled triangulation of the data through member checking (Carlson, 2010; Lincoln & Guba, 1985; Reilly, 2013) as well as adding layers of depth in demonstrating the richness and complexity of the children's perspectives. The children's ability to thematically analyse and group their own data serves to further illustrate their capacity as capable in research beyond taking passive roles or being objects of data.

As the entire focus group discussion surrounded the construct of wellbeing, the complete transcripts from each session were analysed. Each unit of analysis could be coded multiple times depending on the emergent themes. The associated text accompanying the drawings was combined with the text from the transcripts and written data for analysis. The results are discussed in chapters 6 and 7. The process of data analysis for both the type 1 and type 2 data is outlined in table 2. Sessions within each data collection stage are identified by the number following the stage; e.g. 1.1 refers to type 1, session 1; 2.3 refers to type 2, session 3 and so on.

Table 2
Data analysis process (type 1 and type 2)

Type	Session	Process or Task	Procedure
Type 1 (Small group)	1.1	Data collection	Data collected via focus group discussion and recorded on an audio device.
	1.1	Transcribing of data	The discussion sessions were transcribed verbatim into Microsoft Word by the researcher who listened to the audio recordings through headphones.
	1.1	Initial data analysis	Once all the data from session 1 had been gathered, the researcher explored the data for emergent or key themes.
	1.2	Verification of original data	The researcher discussed some initial thoughts about the data presented by each group and the participants completed a drawing task to ensure the researcher had a better understanding of their conceptualisations and meaning.
	1.2	Coding of drawings	Drawings were scanned and saved as jpeg images. The descriptions of the drawings provided by the children were transcribed from audio recording of the session.

Type	Session	Process or Task	Procedure
	1.1 & 1.2	Collating responses	The responses from session 1 and session 2 were combined to check for emergent and common themes. Due to the distinctly different data provided, the output from sessions 1 and 2 was separated for the final analysis.
	1.1 & 1.2	Analysis of data	Data was analysed and coded in terms of sentiment, affect, point of reference, general and specific theme. Each unit of analysis could be coded multiple times if multiple categories were relevant. A frequency analysis was conducted to determine the themes identified most often in both discussions and drawings.
	2.1	Data collection	Data was collected in a more structured way. Individual responses were recorded first on paper (in written or drawn formats) and then discussed collectively,
	2.1	Transcribing of data	Data from session 1 was transcribed into Microsoft Excel spreadsheet. Individual information was recorded next to the demographic information provided.

Type	Session	Process or Task	Procedure
	2.1	Identification of units of analysis	<p>Two sheets we recreated in Microsoft Excel:</p> <ol style="list-style-type: none"> 1. Differentiating between each unit of analysis (to be used by participants in session 2) 2. Beginning initial analysis and exploration of emergent themes based on individual conceptualizations.
	2.2	Verification of data	<p>Units of analysis used in session 2. Participants were provided with the opportunity to combine, and add to, the list of initial units of analysis to be coded and used.</p>
	2.2	Inclusion of participants in data analysis	<p>Participants grouped each unit of analysis into sets of themes relevant for them. Each group approached this task differently, coming to a group consensus as to the set name (theme) and its contents. Individually, they analysed the identified sets in order of importance to them to explain wellbeing.</p>

Type	Session	Process or Task	Procedure
	2.2	Initial analysis	Researcher used information obtained from sessions 1 and 2 to begin exploring the individual conceptualisations and emergent themes. Predictions surrounding how each individual would define wellbeing (session 3) were made.
	2.3	Final data collected	Participants individually completed a survey about how they would define wellbeing. The definitions were identified during the session by the researcher and a silent vote took place in each group to obtain consensus on the definition of wellbeing.
	2.1, 2.2 & 2.3	Final transcription and coding of stage 2	All of the data obtained during sessions 1, 2 and 3 was transcribed into a Microsoft Excel spreadsheet. Audio recordings of discussions were transcribed into Microsoft Word and all data produced (written and drawn) was scanned and saved on a USB. All scanned and transcribed 2.2 data was imported into NVivo 9.2 and coded.

Type	Session	Process or Task	Procedure
	2.1, 2.2 & 2.3	Exploration of themes	Themes were explored using matrix queries in NVivo 9.2. A range of queries were conducted including comparisons by gender, age and group. Recoding into broader themes based on the literature occurred as required.
	2.1, 2.2 & 2.3	Final analysis	Themes (nodes) were explored using a range of frequency and query options in NVivo 9.2. Matrix queries were used most often as they provided a clear way to compare and group individual responses thematically. Visual representations through concept mapping were used to clearly identify and demonstrate the relationships between the key themes.

Triangulation and trustworthiness

The second session in the ‘individual and group’ discussions had the children involved with the grouping and thematic analysis of their own data. This session first and foremost assumed their capacity to complete such a task, and served also to triangulate and verify the information obtained. By approaching the same phenomenon (wellbeing) on three different occasions and from different angles (broad conceptualisation, thematically analysing, importance ranking, defining and refining), a rich understanding of how the children conceptualises wellbeing was obtained, increasing the trustworthiness of responses. If the participants verify the information on multiple occasions, determinations of trustworthiness and credibility can be made (Flyvbjerg, 2006; Rolfe, 2006). Accepting children’s responses at face value is of particular importance for this research as it

acknowledges the need to accept and acknowledge responses as they are provided, as all emergent themes are of interest, not just those that are attractive to the researcher (Cohen & Manion, 1994; Cohen et al., 2007; Einsdottir, Dockett & Perry, 2008; Sargeant, 2005; Sargeant & Harcourt, 2012).

Context

The effect of external social influences on research responses and focus has been acknowledged with children of this age in existing research (Sargeant, 2005). A number of significant national and international events occurred around the time that data was collected (see Table 3).

Table 3

Local and global events occurring around data collection

Part 1 (small group discussions)	Part 2 (individual and group discussions)
<ul style="list-style-type: none"> • Black Saturday (Australia's worst bushfires) • Swine flu outbreak • Michael Jackson's death • Global Financial Crisis • Earthquakes in Italy, Samoa and Indonesia 	<ul style="list-style-type: none"> • Earthquake and Tsunami in Japan and Indonesia • Flooding in Brisbane and Victoria • Tropical cyclone in north Queensland • Earthquakes in Haiti, China and Chile • Global Financial crisis • Bones of missing Queensland teenager, Daniel Morcombe, found² • Iceland volcano erupts • Australia's first female prime minister elected by her party • Osama Bin Laden and Muammar al-Gaddafi killed

Phase Five

Research reflections and observations were recorded throughout the data collection process as the researcher thought they would contribute to collection and analysis in line with the hermeneutic tradition. They could also aid in the development of additional considerations for future research in this area. Reflections were made about the research contexts, process and data, as well as on how the children involved in the research analysed their own data and how their contribution could be used to inform and develop

² The disappearance of Queensland teenager Daniel Morcombe in 2003 had been widely covered in the media, with annual events such as the 'Day for Daniel' conducted to raise awareness of child safety (Daniel Morcombe Foundation, 2012). A significant breakthrough in the case occurred in 2011 (when data collection for the type 2 data collection component of this study occurred). Bones that were later identified as Daniel's were found, resulting in increased coverage and awareness of abduction and child safety at the time.

the researcher's interpretation and understanding. These observations are elaborated in chapter 6.

Phase Six

After engaging in a series of analyses and reflection and re-analysis processes, the implications of the findings from the data collection were interpreted and discussed. The results were considered independently as well as within the context of existing literature, and with specific reference to the original research question. The children's ability to conceptualise the complex issue of wellbeing served to illustrate their capacity in contributing to discussions about matters that affect them. The implications for knowledge were considered and outlined, including directions for future research.

Phase Seven

The final phase of the project involved dissemination and a commitment to ensuring the views and perspectives presented in the thesis are communicated to audiences more widely. This serves to provide an ongoing contribution to adult knowledge, both of those who are aware of children's capacity and of those who either are not aware of, or do not believe in, it. The results of this study have been, and will continue to be, shared and discussed in national and international platforms (Gillett-Swan, forthcoming; Swan, 2010, 2013a, 2013b; Swan & Sargeant, 2010a, 2010b, 2011a, 2011b, 2012a, 2012b). This information and dissemination aids in enhancing the standing of children as capable informants on matters that affect their lives.

Some of the children asked for copies of some of the information that they had produced throughout the session. As negotiated with the children, the researcher made copies of the information they requested and left it in individually named, sealed envelopes for them at the school office.

Conclusion

This chapter has presented the justification of the methodological decisions made in order to address the original research focus. The first part of the project sought the collective voices of children in each small-group discussion of the construct of wellbeing, through the type 1 data collection process. Following this, children's individual

perspectives were sought through type 2 data collection processes. Children participating in this research were provided with different communicative options to respond to and engage with the concept of wellbeing, in accordance with Article 13 of the UNCRC (United Nations, 1989). Some children chose to draw images of what they associated with wellbeing, while other children chose to discuss, write or use a combination of these methods. The researcher invited children to describe and talk about the construction of wellbeing they presented, to ensure she had obtained an accurate understanding and interpretation of each drawing as intended by the author. The children were invited to communicate their views and perspectives on wellbeing in ways of their choosing, and were not limited to verbal or written communication mediums alone. This provided opportunities to increase the breadth and depth of children's communication by minimising many of the barriers inherent in gathering solely written or text-based data (Sargeant, 2005). The following chapters present the key findings obtained during data collection and analyses these with consideration to existing knowledge in the literature about wellbeing.

This research aims to contribute to presenting children's views and perspectives on wellbeing, which has proven to be a complex issue that affects children's lives. The findings presented in the following chapters contribute to the limited knowledge base surrounding how children conceptualise wellbeing. This study also highlights children's capacity to conceptualise such a complex issue. The information yielded through this study can be used to consider ways to include and illuminate children's perspectives in other areas, and to ensure that children's views may, at the very least, be heard, if not also considered, in other areas that affect their lives.

Chapter 6: Results: The process of researching with children

Introduction

The following chapters present the findings of the study. They will illustrate the conceptualisations, analysis and interpretations of wellbeing as constructed by 54 Australian children aged between 8 and 12 years. Inherent within the qualitative approach is an acknowledgement and awareness of the richness, depth and complexity of the data obtained. The views presented are not to be considered representative of all children aged between 8 and 12 years, nor should they be considered to present all that is known about the topic. While the design and procedure have been detailed, it is not presumed that the results would be the same if conducted again under similar conditions with different groups of children; nor is it the intent of this study to ensure the results are replicable as such. Nevertheless, the information provided renders the study replicable, with the expectation that similarities will be obtained by researchers conducting similar studies in the same way. To this end, it is not essential that the design elements are identical, providing that the key elements are similar (Mazzoni & Sargeant, 2013).

This chapter presents the findings of the research and analyses the key elements revealed throughout the discussions with children about wellbeing. The central research question asks how tween children conceptualise and define the complex notion of wellbeing. The findings are presented in two chapters. The first presents an analysis of the processes the children used to conceptualise wellbeing; that is, *how* the children identified each of the elements and themes they shared during each session. This first analysis chapter draws upon the children's responses and the processes they go through from approaching the tasks to determining their conceptualisations. As the study contained individual and group tasks, the separate processes of analysis in reporting the results provide additional insight by examining specific examples of the children's capacity to engage with the complex topic of wellbeing. The second chapter focuses on the specific content of what the children said.

Across the five different school settings, both the processes the children used to conceptualise well-being and the responses they gave to communicate their understanding of wellbeing were consistent and tended towards similar themes. The individual responses contained a level of resonance and similarity across each of the different groups and schools; this consistency was not specifically sought.

Reflecting on the processes the children used to engage with the study has important methodological implications, particularly for future research that seeks perspectives of children in this age range on matters of importance to them. The following discussion will address the first part of the research question by way of process: *how* the children conceptualised and defined wellbeing. Specific discussion of these aspects embraces the hermeneutic framing of the study.

Children's conceptualisation process

The process by which children engage in research can be presented in a number of ways. The language they use to communicate their level of engagement or understanding of a topic alongside the gathered thematic content from the data the children produce during the sessions, reveal insights into their processes of research. Within this examination of process, broader methodological and ethical elements are revealed. This chapter focuses on the processes utilised by the *children* throughout the study; the processes the *researcher* utilised are provided in chapter 5.

For the purpose of this discussion, each of the participant schools and the sub groups within each school has been assigned an identifying number/letter as shown in Table 4.

Table 4
School codes for data reporting in this study

School	Number of groups from school	Code/s
School A	2	A [A1, A2]
School B	1	B [B1]
School C	3	C [C1, C2, C3]
School D	1	D [D1]
School E	5	E [E1, E2, E3, E4, E5]

This study involved two types of data collection. Type one consisted of small group discussions with five groups of 3–4 children from the same class in the same school. These children completed each activity as a group. Type two data collection consisted of both individual and small group activities. This was conducted with seven groups of 4–6 children from four different schools. Each group was made up of children from the same school, but not necessarily from the same age or year level. All the children participating in the study were between 8 and 12 years of age.

Specific questions and tasks

While a description of the activities and methods have been provided in chapter 5, a brief recap of the activities and procedure will be provided here. The data collection was conducted via semi-structured activity sessions. Guiding discussion questions were used as prompts to initiate each of the activities, as discussed in chapter 5. The questions were constructed with the intention of either establishing the children’s awareness of the word wellbeing, or to encourage extended discussion of it. For example, asking the children ‘what does wellbeing do?’ offered an avenue by which the researcher could explore the children’s conceptualisations of wellbeing from a different angle.

For ease of reference, Table 5 provides a summary of the activities, groupings and codes that are used throughout the chapter when referring to each task. Each of the activities

was developed with the intention of building upon the results of the previous activity to develop a comprehensive view of children's conceptualisations of wellbeing. The data was collected over three sessions, using the activities described in Table 5. The activities generally followed a chronological sequence, although some activities [Activities A, B & C] were utilised across each session.

Table 5

Activities and reference codes for research tasks

Activity chronology*	Code	Participant Grouping	Participant Schools
General discussion (using guiding discussion questions)	Activity A	Group	All
Wellbeing rating	Activity B	Individual	1 – 4
Rating reason	Activity C	Individual	1 – 4
Brainstorm (incl. drawing, writing, speaking)	Activity D	Individual	All
Thematic groupings	Activity E	Group	1 – 4
Importance ranking	Activity F	Individual	1 – 4
Wellbeing Definition	Activity G	Individual and Group	1 - 4
Wellbeing purpose	Activity H	Individual	1 – 4
Threatens wellbeing	Activity I	Individual	1 – 4
Heightens wellbeing	Activity J	Individual	1 - 4

*Activities A to C were used on multiple occasions with each group and did not necessarily follow the chronological sequence given in the text

The process of understanding

Session one was focused on the children providing answers to two key questions:

1. Have you heard of the word wellbeing?
2. What do you think the word wellbeing means?

To do this, Activities A to D were utilised. Given the ubiquitous use of the term wellbeing, the intention of the first question, ‘have you heard of the word wellbeing?’ [Activity A] was important to ascertain whether the children in each focus group had indeed heard the word before. While it could be assumed that the term would largely be familiar to the children, research seeking children’s perspectives on wellbeing challenges such an assumption (Adams, 2012; Fattore, Mason & Watson, 2007; Mashford-Scott, Church & Tayler, 2012).

It became apparent during the group conceptualisations of wellbeing that there was varied familiarity with the word. Some children expressed confusion about the word, some had heard of it, and others asked for clarification. For example, ‘*Immm ... what does that [wellbeing] mean? ... I don’t know ... I don’t know what it means*’ (group A1), ‘*it’s like how much health ... and healthy*’ (group B1), ‘*Is it how kind you are or something like that?*’ and ‘*what does wellbeing mean again? [researcher: it can mean different things to different people].. oh yeah, I remember now*’ (Erica, age 11).

In the context of this research, it was of greater interest to reflect on *how* the children engaged in the process of expressing their knowledge and understanding of wellbeing more than on the extent to which they were familiar with the word. To avoid leading the children’s responses, the researcher had prepared standard responses to anticipated questions like those listed above. Any time a child asked what the word wellbeing meant, or sought clarification, the researcher gave the standard response, ‘*it can mean different things to different people and I’d like to find out what it means to you*’. It is, however, acknowledged that the extent to which the children were familiar with the word wellbeing has implications for how they then conceptualised and defined it.

From the small group data collection in School E [type 1 data collection], 66% (n=12) of the children had heard of the word wellbeing; 11% did not provide an answer to the

question. The remaining 22% had either not heard the word before ($n=2$) or were not sure what it meant ($n=2$).

While some of the children expressed a knowledge of *the word* wellbeing they also qualified their response by pairing the word with their *knowledge* of its meaning: *'well, I've heard about it, but I have no idea what it is, so no'* (group E1 discussion). In some cases unfamiliarity with the *meaning* was interpreted as unfamiliarity with the word. The children's initial responses were respected, although it could be argued that some of them, such as the above quote, could be categorised as the children having heard the word wellbeing before. In fact, across all the groups, some children expressed unfamiliarity with the word, but still chose to participate in the wellbeing rating activity [Activity B] in later [type 2] data collection sessions.

When considering the word wellbeing itself, the children defined the term by verbally undertaking a process of decoding and deconstruction. As in the group discussions, through the process of decoding and deconstructing the word, the children individually engaged in a think-aloud process (Kragler & Martin, 2009; Lai, 2011) about what the meaning of wellbeing might be: for example, *'I know 'being', and I know 'well', but I don't know them together'* (Group C3); *'I'm not sure what number to pick coz usually I'm healthy, but also crazy unhealthy sometimes as well'* (Group B1). These comments illustrate how the children verbally analysed the term to determine its meaning for them.

The intention of the second question [type 1 data, session one], 'what do you think the word wellbeing means?' was to initiate a discussion [Activity A] and brainstorm [Activity D] about what the children in each year-level group considered wellbeing to be. In the development of the discussion guiding questions [Activity A], one of the intentions was to stimulate and initiate discussion for development in later sessions. It was also expected that the individual responses offered in group discussions would be built on and discussed further by other members of the group during the same session (Cohen & Manion, 1994; Einsdottir, Dockett & Perry, 2008; Hill, 2006). This was anticipated to occur in both type 1 and type 2 data collection processes.

The willingness of the children to engage with this process was evidenced by their active discussion, an observed level of comfort and a readiness to engage in a potentially unsettling activity. In order to complete the tasks, the children also referred to contextual

and environmental indicators to determine *where* they had heard the word before: *'I heard it since I was three ... and it means, well, umm ... I don't know what it means, I only heard the word ... I heard it in class ... umm or I think in day care'* (Group C1 discussion).

The development of the process of individual conceptualisation sessions [type 2 data collection process] was designed to extend the guiding questions used in the type 1 data collection. This was done by reframing the question to ask for 'everything' the children could think of to do with wellbeing through the brainstorming task [Type 2 data, Activity D] rather than 'what does the word wellbeing mean?' [type 1 data, Activity D].

The first session of the individual conceptualisations [type 2 data collection] focused on three activities. Each child was asked to

1. rate their own wellbeing [Activity B],
2. provide a reason for their rating [Activity C], and
3. brainstorm everything they could think of to do with wellbeing [Activity D].

These tasks offered a range of ways to explore the notion of wellbeing and elicit each child's initial reactions and conceptualisations. However, the time factor of 40 minutes per sessions imposed by the schools was a significant consideration, particularly as the researcher felt it was important to ensure that the children had sufficient time to communicate everything they wanted to, rather than being cut short because time had run out. The way children's initial reactions and conceptualisations were elicited was by expanding the opportunities for wellbeing to be explored through a wider range of discussion prompts and activities. Moving the data collection frame from the specific questions identified in the guiding discussion questions initially used in Activity A during the type 1 data collection offered the children freedom to express their conceptualisation of wellbeing outside the restrictive nature of narrower questions. This occurred within each site, as data generated by each group was kept within the group.

In reporting their personal wellbeing rating, because the children tended to provide additional information relating to the reasons for the rating, which was designated for Activity C, the planned rationale activity was modified. The assumption that the children would follow the formula prescribed by a researcher was erroneous; this reinforces the need for researchers to be able to modify/be flexible in their methods while maintaining a

focus on the original research question. The semi-structured nature of the focus activities enabled this flexibility. For example, the researcher provided the prompt questions to each child on a piece of paper on a clipboard. As the children addressed some of the questions ‘out of order’, it was not necessary to have them answered again when they arose in the order listed on the sheet. The children also recognised when they had already addressed a question: *‘haven’t we already done that one?’*

Asking the children to provide reasons for their ratings gave insight into how they justified and rationalised their reported personal wellbeing rating. It also allowed insight into what they associated with wellbeing, personalised to their current situation and context. The rationale for asking the children to provide reasons for their ratings was to gain some elaboration of each rating provided. However, many of the children had already provided some explanation while responding to the first question asking for their wellbeing rating [Activity B], and some of them interpreted this question as asking for a list of factors both positive and negative that related to wellbeing in general. Asking the children’s reasons for their rating [Activity C] somewhat serendipitously acted as a catalyst for the brainstorm question [Activity D], with many of the responses provided in justification of their wellbeing rating expanded upon in this activity.

The third activity in session one [Activity D] offered an alternative way to explore wellbeing via a brainstorming activity. In this way the various elements of wellbeing as determined by each child individually could be reported. Within the groups, the children provided many of the comments rapidly, with multiple responses called out at once. This offered a stimulus for the other children to find the word or words they were after and feed from one another. In some groups, the children chose to verbally brainstorm using single words or phrases: *‘Community ... Respect ... Love ... Helpful’* (group E1 discussion, rapid fire), *‘being safe ... having good self esteem’* (group E2 discussion, rapid fire), while other groups chose to provide examples to illustrate what wellbeing meant in particular contexts: *‘Feeling good about yourself and like if you don’t have very good self-esteem then you don’t do well’* (group E2 discussion). *‘I think it means how we are at school, and how we feel ... if we feel safe, or if we feel happy’* (group E3 discussion). As the groups consisted of children of a variety of ages, it is difficult to determine the extent to which age may have an impact on the different ways children may choose to respond. The younger children (8 years old) tended towards the rapid fire brainstorming technique, while the older children (11 and 12 years)

tended towards the exemplar model. The ways children contextualised their response is explored in the discussion of findings surrounding the key themes and ideas discovered through the research, in chapter 7.

In the sessions where children initially engaged with the task individually [type two data collection process], some chose to work silently and privately while others attempted to initiate a verbal discussion with the researcher. As this was not the intent of this particular part of the session, the researcher did not engage with the children at this time. Instead she smiled, or said she would be able to talk to them once the other children in the group had finished. Some of the children then attempted to engage their peers in discussion. When this occurred, the children either engaged with the child or told them to be quiet: *‘Shhhhhsssshhhh! I’m trying to write something and you’re like blab blab blab!’* (Claire, age 11) or *‘can you tell everyone to shut up please?’* (Abigail, age 10).

Some of the items that the children discussed during the think-aloud process were not transcribed to their brainstorm page. Some of the children referred to the think-aloud process they utilised as their *‘secret talk’*. Even in the discussion after completing the task on the page, the children avoided ‘copying’ one another unless they considered the idea/s relevant for their own conceptualisation. They communicated this by saying, for example, *‘Oh yeah! I almost forgot about that!’* (Danielle, age 8). Instead, the children would use the ideas they heard from others as triggers for their own ideas and position:

Natalie: When I think of wellbeing, I think of Homer Simpson because that’s the opposite.

Erica: What makes him bad?

Natalie: Coz he’s fat ... and doughnuts ... not very healthy...

Erica: That’s mean. I’m going to put him [Homer Simpson] right in the middle of this circle that I drew for no reason. Homer Simpson is a good man ... I like him because he is funny and makes me laugh.

This dialogue suggests a negotiation between the children in terms of a contested interpretation. While it may initially seem that Erica challenged or questioned Natalie’s ideas surrounding wellbeing, what actually occurred was a critical consideration and contextualisation of their personal ideas. It also reflects how the children adopted multiple opposing positions on the same item to present greater depth to their

perspectives of wellbeing. The material produced through this activity [Activity D] was used by the researcher as a point of reference for the future sessions and provided baseline information as to how the children initially conceptualised wellbeing.

By the third and final session, the children had explored the topic of wellbeing in a few different ways. However, it was only in the second activity in the final session that the children were asked to examine their conceptualisations of wellbeing with a view to developing a formal definition [Activity G]. The children were asked to write a definition for wellbeing that could be used in a dictionary to describe what the word meant. The individual definitions provided by the children are presented in chapter 7. Each individual definition was de-identified by the researcher during the session and provided to the group to collaboratively determine the most suitable definition of wellbeing. The group was able to change, adapt or combine definitions if they desired in order to arrive at one group definition.

Many of the children indicated that devising a definition for wellbeing was difficult, and some expressed particular concern at the challenge of clearly incorporating all that is wellbeing into a single definition: *'That's a big responsibility'* (Erica, age 11), *'I'm going to need help with this one!'* (group B1 discussion).

The children approached this task in different ways. Some worked individually in silence, only speaking to ask the researcher how to spell certain words, while others quietly 'thought aloud' (Kragler & Martin, 2009; Lai, 2011) about how they would put their ideas into words, *'Can we have a secret talk?'* (group A2). Some children asked the researcher what wellbeing meant:

Natalie: *I have a question, what is the ACTUAL definition for wellbeing?*

R: The actual definition? I'll ... answer that question when you've all finished.

Natalie: *Darn it! Worth a try (all the children in the group giggle)*

Erica: *Can you do two answers?*

R: Sure can.

Natalie: *Wellbeing is ... a word ...*

Erica: *A sophisticated word ...*

Cally: *A NINE letter word!*

Tori: *Habab well 11 including 'it's' [all children laugh]*

This exchange shows one of the ways the children grappled with the process of devising a definition for wellbeing that was contextualised by their recollection of other terms that they remembered having seen in the dictionary.

Activities G, H, I and J in the third session sought to explore children's conceptualisations further, and the children were asked to consider what wellbeing 'does', what causes it to drop, and what prevents it from dropping. This was done by providing each of the children with questions on a double-sided piece of paper with a space to write their answer (two questions on each side). Some of the children expressed a similar level of difficulty and confusion in conceptualising what wellbeing 'does' as they did in their definitions. For example, '*I don't get it*' (Hannah, age 9), '*Obb, that's a bardy! ... I need a dictionary! ... Wellbeing helps you? ... I dunno!*' (group D1 discussion), '*what does wellbeing do? HOW COULD I KNOW THAT!*' (Charlie, age 11) and '*hmmm, that's a hard question*' (Tyson, age 12). These responses were in contrast to those of children who wrote down their thoughts with no apparent difficulty. For example, '*[child reading aloud] what does wellbeing do? It helps you! It helps you function your body*' (Abigail, age 10). All the children wrote down some initial thoughts that they then drew upon in their discussion.

Not surprisingly, each of the responses surrounding what causes wellbeing to drop contained a negative affectation. The themes surrounding what these children considered as causing an individual's wellbeing to drop revealed features that were not reported in the initial conceptualisation activities and may present additional features of wellbeing that are not evident when considering the topic broadly. The children did not appear to have any difficulty providing examples of what causes their wellbeing to drop. In fact, they were more readily able to provide examples of things that negatively impacted on their wellbeing than of things that made a positive impact. This was also evident in the discussions that occurred while the children were engaging with the tasks. For example:

Hannah: I didn't even do it [cheat]!!

Kevin: Then don't say it ...

Hannah: It will be bad for my wellbeing today

Trent: Me too!

Kevin: Then you make it worse ...

Hannah: Don't make it worse for MY wellbeing!

Kevin: How?

Hannah: What you done could do it [sigh]. Just don't speak to me.

The children related the content of the sessions (talking about wellbeing) to their everyday lived experiences. They used examples of situations that were occurring currently or had recently occurred to provide additional examples of how they understood wellbeing. For example, *'I'm having a BAD DAY. R: what's making your day bad today? Teacher X [sigh] she keeps shout ... she keeps making me cry ... well she made me cry this morning because she said I put full stops in each third sentence when it was actually each second and then she kept making me cry and keeps making me cry ... that's why ... R: so that's what is making your day not very good today? ... double zero – coz it's been really bad'* (group C1). It appeared that some of the children used the research sessions as a release. As the researcher had indicated an interest in what they had to say about wellbeing, they may have felt that the research space was a safe place to share and release frustrations and difficulties that they were experiencing and that they felt impacted on their wellbeing.

On each occasion that a child divulged something during a session to indicate that they were having a bad day or a bad experience, the researcher spoke to them individually at the end of the session. The researcher asked if there was something that she could do to help or if they would like to talk to someone about what they had shared. In the above example, the child said *'I think by getting another teacher ... actually by having Miss H – WAY better. She never makes me cry ... EVER!'* To this, the researcher said that she did not think that she would be able to help with getting the child's teacher changed, but she could talk to the teacher or the principal about it if the child wanted her to. The child did not want the researcher to do this and said he was fine now that he had had the chance to talk about it. These experiences emphasised to the researcher the importance of listening to children.

Whether children have something specific they want to share with someone as a way of expressing themselves and their feelings, or whether they would like advice, assistance or intervention, it was apparent that this opportunity had not been provided for many of these children previously. This may have been why they used the opportunity of having an adult who genuinely wanted to hear what they had to say, to share their thoughts about other aspects of their lives. For many of the children, the ideas and challenges about their current experiences that they verbally discussed were not reflected in their

conceptualisations or writings, but were often reflected in their wellbeing ratings and reasons.

The process of rating

A priming activity to quantify how children considered wellbeing was included in the type two data collection process where the children were asked to provide a wellbeing rating for themselves [Activity B] and the reason for their rating [Activity C]. The intention of these tasks was to use different prompts than in the type 1 data collection process to explore the topic of wellbeing.

In the first activity of type 2 data collection [Activity B], each of the children recorded a response to the question, ‘How would you rate your wellbeing today?’ by circling a number on a number line (see Chapter 5). All the children in schools A-D completed this activity at the start of each session. The intention of Activity B was to initiate a personalisation of the topic of wellbeing, particularly in first session that the researcher had with these children. The children were introduced to the broad topic of wellbeing via a written task that asked them to provide a personal wellbeing rating on a scale from 1-10 with 1 being the lowest and 10 the highest [Activity B]. In addition to determining their personal wellbeing rating, the question revealed the extent to which each child conceptualised wellbeing as something quantifiable. Each child was able to provide a rating, suggesting that wellbeing is quantifiable within children’s initial conceptualisation.

Due to the varied initial understandings and comprehension communicated by the children as to the meaning of the word wellbeing, described earlier, it could be asked what the children were actually rating in relation to wellbeing if they were unsure of its meaning. This is why the children’s justification or rating rationale [Activity C] was necessary. As the focus of the research was to ascertain how these children conceptualised wellbeing, it is *their* interpretation of wellbeing and its components that are important as data for the researcher. Even if the children indicated that they had a limited understanding of what the word meant, their willingness to provide a rating on even an aspect that they considered had to do with their wellbeing yielded insight into how they understood the term.

Many children initially expressed some uncertainty with their interpretation of the term ‘wellbeing’ during the individual tasks and responses. In order to complete the requested tasks, they provided a rating based on how they felt personally. Many provided a commentary on the reasons for their rating, and expressed a personal perspective that was often based on time-sensitive experiences: for example *‘I am not ever good’* (Hunter, age 8). This comment reveals a long-term self-perception and personal view that is inherently negative. Other examples include *‘I got in trouble this morning’* (Tommy, age 8), which reveals the child’s conceptualisation of wellbeing within a short-term context; and *‘I have helped a lot of people and I have been nice to a lot of people’* (Amy, age 12), which illustrates the importance of positive relationships, altruistic action and self in how this child interacts with others as inherently related to her wellbeing. The responses were contextualised, and represented both local (situational) and global (universal) characteristics.

As the task became more familiar from the first to the third session, the children were able to decide their rating and reason for it [Activity C] relatively quickly. Many referenced their initial ratings when determining their rating in session two and three even though the researcher did not remind the children of their ratings from the first or second sessions. Some of the children made attempts to base their current rating in reference to their recollection of the rating that they had given in the previous session, and did not provide a rating within the 10-point scale. For example, Tommy stated, *‘I been bad so I put zero’* (Tommy, age 8). In session one, this child gave a rating of 3 with the rationale *‘coz I was angry this morning’*, and as he considered his wellbeing to be lower at the start of session two than in the previous session, he determined it necessary to nominate his wellbeing rating below 1.

The children justified their ratings with reference to both positive and negative features: for example, *‘coz I’m happy!’*; *‘coz I just feel okay today, that’s why’*; *‘I just played tennis and lost so 3, but it was a good game, so 4’*; *‘I am good at maths, and handwriting, and art, and not dropping things’*. Each of these examples illustrates how the children justified their ratings with reference to their feelings combined with recent personal experiences to contextualise the rating they nominated. As another example, one child continued the rating scale up to 25 ‘because it is my birthday’; another wrote as many zeros as would fit on the page after the number 10 and gave the reason *‘I am cool and have friends’*; yet another wrote *‘0 double zero and x, because I am having a bad day’*.

As identified for this same question in session two, some children chose to extend the 10 point scale to cater for their current rating after using the previous self-assigned ratings as a baseline. In the third and final session, over one quarter of the children nominated their wellbeing rating as 10 or higher. Two children (6%) provided wellbeing ratings of zero in the final session and four (12%) nominated lower wellbeing ratings than in previous sessions. The rest of the ratings either increased or remained stable over time. More than half of the ratings hovered around the middle of the scale, between 4 and 7 (55%), with only 12% from the final session being 3 or lower. This significant departure from their previous relatively lower wellbeing rating may reflect a development in the children's understanding of wellbeing and the educative effect of the previous sessions. Although some children's numerical ratings may have decreased from previous sessions, it is evident that most chose to place their wellbeing rating at or around the mid-point.

By referencing and comparing their recollection of their ratings across the sessions the children exhibited their capacity to link and consider the construct of wellbeing across time. The children revisited the activity, which served as a prompt to connect to the session where they had previously provided their thoughts on wellbeing [Activity D]. The processes the children took to analyse these initial thoughts also reveal insight into how they conceptualised wellbeing.

The process of analysis

After providing their wellbeing rating and reason, the second activity for the second session [Activity E] consisted of a grouping/thematic analysis activity. As part of this activity, the children grouped their responses from the brainstorm in session one [Activity D] into categories or themes identified and decided by them [Activity E]. To do this, they were asked, '*Using all of the things your group said during the first session, are there any things that can be grouped together and given a group name?*' In preparation for the session, the researcher followed the process described in chapter 5.

To introduce the task, the researcher said, 'What I have here in this envelope is all the things that you said last time [pulls a couple of slips of paper out to show the children] ... there are a couple of blank ones in there as well ... What we're going to do in just a minute is, I'd like you to decide how all of the things you said last time could be put into groups.' To check the children's understanding, the researcher continued with an example: 'If we

were to group the things in this room, what groups could we make?’ The children grouped the items in the room in terms of furniture (tables, chairs, desk), boys and girls; some groups looked for patterns to describe their room grouping: ‘table, chair, table, chair’ or grouped by colours. The examples provided were considered by the researcher sufficient evidence that the children understood what they needed to do for the task.

As the groups consisted of children from different ages and year levels, some children did not know each other beyond name or reputation. For example, all the children in Group A2 were from different year levels and classes, but knew of one another because ‘*she’s like crazy good at running*’ or ‘*didn’t your class have swimming after mine last term?*’ Because of their level of familiarity, some groups chose to discuss the placement of each item as part of their entire group while others chose to split into smaller sub-groups: for example, girls and boys, or younger/older children. There were nine separate sub-groupings in this session across the seven groups (see Table 6).

Table 6
Group demographics for children’s analysis

Group	Gender	Number in group	Year level/s
A1	Mixed (boys and girls)	5 (3M, 2F)	Grade 3
A2	Girls	3 (3F)	Grades 4 & 6
B1	Mixed (boys and girls)	6 (2M, 4F)	Grades 5, 6 & 7
C1	Mixed (boys and girls)	3 (2M, 1F)	Grade 3
C2a	Girls	3 (3F)	Grades 5 & 7
C2b	Boys	2 (2M)	Grades 5 & 7
C3	Mixed (boys and girls)	4 (3F, 1M)	Grade 3
D1a	Mixed (boys and girls)	3 (2F, 1M)	Grade 3 (younger)
D1b	Mixed (boys and girls)	2 (1F, 1M)	Grades 5 & 7 (older)

Groups C2 and D1 decided to split into sub-groups. Group C2a/D1a and C2b/D1b refer to the same information being categorised by different people within the larger, original group of C2/D2. Group C2 decided to split because ‘*you kids [the boys] are soooooo annoying – I’m trying to think ... then am I on this table or the other table?*’ Group D2

decided to split because three of the children were in the same year level (grade 3) and knew each other, whereas the other two were older (years 5 and 7) and preferred to work together. There was no real discussion among the children about this; instead, the older children and younger children each asked for the supplies and began the task on separate tables. While each group and subgroup decided to approach the task in different ways, similar themes emerged consistently across all seven groups. These are discussed in chapter 7.

From the researcher's units of analysis, some of the themes that the children identified when coding their own data occurred across multiple groups, even though each group used only their own session one responses. The three ways that the children tended towards categorising the information were:

1. Individually (inductive or deductive)
2. Collaboratively (inductive or deductive)
3. Eclectically

Each way will be discussed in turn. The groups who chose to complete the task *individually* did so in one of two ways. The first had children sorting through the slips of paper (units of analysis) to find their own items from the brainstormed words and commentaries associated with their drawings, provided in the previous session. These were then sorted into groups using an inductive process (bottom-up analysis) (Elo & Kyngas, 2008; Patton, 2002; Rich, 2012): that is, the children used the items that they considered were theirs from the previous session. 'I wanna look for mine ... where's mine? ... hermit crabs ... that's yours' (James, age 8). In effect, these children were thematically analysing their own individual data, rather than the collective data from the whole group.

The second way children participated in the analysis task *individually* consisted of the children determining one or more 'groups' that they would use to categorise wellbeing. From this, individual children chose items from the units of analysis that they considered deductively would fit in their group (top-down analysis) (Elo & Kyngas, 2008; Patton, 2002; Rich 2012). This was done without consultation with the rest of the group and included information that had been previously generated by themselves and the other group members. Children who undertook this process did not know what themes or

categorisations the other members of their group were nominating until it was discussed near the end of the session. For example, *‘Where’s family? House definitely goes with family ... Toys, I’m not really sure if they go with family because you don’t really NEED them do you? But you need family ... I’d name my group family tree – it’s like one big tree’* (Tommy, age 8).

The children who engaged in the analysis task *collaboratively* also exhibited two distinct methods. The first saw them starting to group the words/units of analysis into similar themes. As above, they used an inductive coding method, allowing the themes to emerge from the patterns and associations revealed in the data (Patton, 2002). As a group, the children continued to revise the thematic groupings until all of the units of analysis had been sorted into themes and there was consensus on what each theme should be named.

The second method within the *collaborative* coding process involved children choosing to be responsible for a particular group/theme that they considered would be reflected in the units of analysis they were about to go through. For example, *‘People. We should have people ... Mum and Dad should be people, so we should have people [theme]’* (group A2). Once this process of coding was completed, one person took responsibility for each theme in collating the information: *‘I think my group is ‘things that make me happy’ [theme]. That’s my group’* (group C2). This analysis and organisational process was conducted deductively and often involved the children discussing the most appropriate place for an item to be coded: *‘Anyone got medicine? ... that would go in health ... smiles? ... smiles would go into happiness wouldn’t it? ... Bullying? ... bullying could go in a few things ... could go with ‘games’ like cyber bullying ... what about friends?..yep’* (group B1 discussion).

The third and final method that the children used to approach the task involved an *eclectic* approach. This involved a combination of individual and collaborative, inductive and deductive methods. The methods the groups used during the session alternated between individual and collaborative strategies as well as inductive and deductive nominations, as described above.

After determining their thematic groups, the children were asked to *‘rank the groups you have identified in order of importance for wellbeing’* [Activity F]. After categorising the information generated during session one [Activity D] [Activity E], each child individually ranked the themes in order of importance for wellbeing [Activity F]. In this it was expected that the aspects of wellbeing most important for these children would emerge.

The children interpreted the components of the analysis task (Activities E and F) in different ways. Despite all engaging in a grouping activity where specific items were categorised, some children still chose to rank the individual items listed in the ‘units of analysis’ rather than the thematic group names they had created. For example, one child’s ranking for this activity was: ‘1st: *friends/family*, 2nd *health*, 3rd *food*, 4th *nature*, 5th *peace*’, although the categories that the group identified were *outside things*, *health*, *things that make me happy*. Other interpretations of an importance ranking [Activity F] included the children ranking the groups that they had created: for example ‘*People, food, happy things, animals, bobbies*’. These rankings corresponded to the categories that the group had developed.

In analysing the ways the children approached the importance ranking element of this task, six possibilities emerge. Firstly, the instructions given to the children were not prescriptive and were open to interpretation. As such, some of the children applied a far broader application of the task than was anticipated. Secondly, some children were able to group all of their session one data in less than five thematic groups. As a ‘top 5’ importance ranking was printed on their sheet, some children may have considered it more relevant or appropriate to nominate their items from the units of analysis than from the thematic groupings. Thirdly, some children may have completed the task to be compliant to instructions rather than considering the importance ranking, using their thematic groupings as truly reflective of what they considered to be the most important elements for their wellbeing. Fourthly, the children may have considered the thematic groupings chosen by them to be appropriate representational summaries of the broader, important elements of wellbeing. Fifthly, some children may have chosen to engage with the task in their own way. They may have felt that the aspects relevant for wellbeing for them were not clearly represented by categorising the thematic groups. Instead, they may have considered the most important aspects of wellbeing better represented through individual items, particularly as some of the discussions acknowledged directionality within some thematic groupings. For example: ‘*Friends ... can be in the middle, because friends can go either way ... travel could be good or bad*’ (group D1b). Finally, despite all of the children verbally agreeing they were satisfied with the final thematic groupings and names associated with each, some may not have been. Perhaps due to the dynamics of power inherent within the group, some children may not have felt their opinions in the group

task were being heard by the others. There were a number of examples of such dynamics at work, both between children in groups and between children and adults, throughout the data collection sessions.

The process of power

Only one of the groups discussed how they would approach the task prior to starting the grouping exercise. There was no process discussion within the other eight groups. In some groups, the process discussions (or lack thereof) were influenced by apparent power imbalances in the group, manifested in different ways. In one group, one child [James] took the lead and directed the others. In this group, the child acted assertively and the others did as they were told. At one point, a discussion between two children occurred where they queried the categorisation:

Wade: What's this one?

Rachel: Doing things?

James: [in an annoyed tone] It's DOING THINGS Wade.

Ellie: No, it's non-doing things

James: NO. That's a doing thing.

Rachel: Mood?

James: Don't you put it there, that's in the middle of the thing

Ellie: So the groups are doing things and ... mood?

Wade: No it's not doing things!

James: NO, IT'S MOOD

In other groups, children shared the leadership role and problem solved together to determine the most appropriate and relevant category for the item they were coding. Some of the children shared the leadership role:

Natalie: That should be in happy things! Eating cake is Yum!

Cally: But it's also a food

Erica: Well we already got one there [in food] so we can put one in happy

Children's involvement in coding their own data increased the ability for the researcher to understand and reproduce codes that were meaningful for them. The children's

involvement in the analysis and coding of their data in the second session enabled the children to have a greater participatory role in the research process.

Having each child engage with the notion of wellbeing individually, prior to discussing their understandings with the larger group, allowed for a personalised response free from the possible influences of others who might be more assertive, dominant communicators (Cohen & Manion, 1994; Einsdottir, Dockett & Perry, 2008; Hill, 2006; Minichiello et al., 1999). Furthermore, offering the children the opportunity to write their responses rather than communicate verbally removed some of the potential intimidatory effects of other children or of the researcher that might be present in traditional interview formats (Sargeant, 2005, 2012; Sargeant & Harcourt, 2012). When utilising hermeneutics as the analysis frame, this procedural and contextual information is important as it assists the reader to understand the context as lived and experienced by the participants and the researcher.

Participation and power

The effect of power throughout the research process was also evident through adult-child dynamics. The vignettes below are examples of how a research process may be interrupted and how certain occurrences that are beyond a researcher's control can impact on the study. A number of things occurred during the process that had the potential to, or actually did, interrupt the data-gathering process. The following vignettes are summarised from the researchers' research notes and data collection observations. They reflect upon the children's comfort levels and participation after an adult in a position of power within the school environment sought to involve themselves in the session.

Vignette 1 Interruptions – the principal

The children in the group D1 were sharing their drawings and discussing aspects of others' drawings towards the end of the first session. The children were giggling at parts of their drawings that resembled other things, such as a bowl of fruit that looked like a face, a ball that wasn't quite round and a face with big ears. The atmosphere was positive and the children appeared to be comfortable sharing their ideas and talking about the topic. While they were discussing their drawings, the school principal walked into the room and over to the table where the drawings were. The principal began to look over the children's shoulders at what they were doing and what they had drawn. The effect on the group was almost immediate, with the atmosphere changing and the children no longer talking freely. While the principal was at the table, one child hid their picture and refused to let anyone see what they had drawn. The researcher ended the session.

Observations of vignette one

It was necessary to end the session. Anonymity could no longer be assured by the researcher if the session continued while the principal was in the room. In addition, the researcher could see the change in dynamic as soon as an 'outsider' entered the co-constructed environment created in the research context between the researcher and the children. The changed power dynamic noticeably affected the children. The researcher ended the session without any obvious disruption, as the activity the children were engaged in had already been signposted as 'the last thing we're going to do today' a few minutes prior to the principal entering. Had the principal entered earlier, there would have been a number of additional implications for the session. This is particularly relevant when considering how the changed power dynamic in the room altered the willingness of the children to participate so openly, as well as endangering the confidentiality of their information and ideas.

Vignette two presents another example of how the children responded to the session being interrupted by another adult within the school context:

Vignette 2 Interruptions – the teacher

It was the beginning of the second session and group C2 had decided to split into 'girls' (group C2a) and 'boys' (group C2b) to categorise the themes from the first session. A specialist teacher walked into the room and purposefully over to the table where the children were deciding how to approach the task. The teacher stood behind two of the boys in the group and asked them what they were doing. Before waiting for an answer, the teacher told one of the boys that he would need to go to extra education classes as soon as he was done with whatever he was doing. The teacher stood watching for a few minutes while the children looked down at the table and then at the researcher.

Sensing the change in the children's comfort level, the researcher let the teacher know that the children would be about 15 minutes and that the student would be sent over to the classroom when he was done. Before leaving, the teacher scolded the boys, saying, 'I'm sure you've been asked to do something, so stop sitting there doing nothing and do what you've been told'. As the teacher left, the girls got into the task while the boys sat at the table with their heads down. At this stage, the researcher reminded the boys that they were free to withdraw from the project at any time, and if they didn't want to be there then that was okay. The boys said they wanted to stay and fiddled with the slips of paper (units of analysis) between their fingers. After about 5 minutes, the boy whom the teacher had come in to see said he'd prefer to get the extra education class out of the way and asked to leave.

Observations of vignette two

This vignette illustrates the effect a changed power dynamic can have on children's willingness and openness to participate, as well as on mood and atmosphere when an adult asserts power (Gillett-Swan, 2013; Sargeant & Harcourt, 2012). Prior to the teacher scolding the children, they were engaged in self-directed behaviours and self-monitoring (Siegler & Alibali, 2005; Watson & Tharp, 2014; Zimmerman & Schunk, 2011). While the girls and the boys in this group had begun to approach the task differently, the researcher had no problems with this.

Some of the issues that arise from the examples presented in vignettes one and two surround the effect that adults entering a research space may have on children, particularly if their entrance is unexpected. It was often only the key adults involved in the children's everyday school context (classroom teachers and office staff) who tended to know exactly when the researcher was on site and in which room. Prior to commencing

data collection with group D1 in vignette one, the researcher had met the principal, who had opened the room provided for the data collection. The principal was very happy to help with anything the researcher needed, and his entry into the room may have stemmed from his curiosity and enthusiasm rather than from a deliberate attempt to assert power.

In the case of vignette two, the researcher did not know who this teacher was; nor did the teacher know who the researcher was or what the children were doing. The researcher had assumed that all the teachers and school personnel who needed to know about her presence and the whereabouts of the children had been informed on each occasion. While it is not possible to determine whether this was the case, perhaps the research could have been explained more thoroughly to the other staff and adults at the research site to ensure that the school and researcher expectations were adhered to. This might also minimise any potential impact that may occur when adults from the school context unexpectedly enter the data collection space.

The specific implications for the children included a change in their comfort level and mood, as well as on their participation in the project. It could be questioned if the children were participating freely and of their own accord after adults involved themselves in the research space. A question could be raised as to whether the children would subsequently be willing to participate on their own terms rather than on the terms of someone else, such as those imposed by the power hierarchy inherent in the school environment (Devine, 2002; Farmer, McAuliffe-Lines & Hamm, 2011; Hill, 2006). Another issue is whether the children might wonder if the things that they shared in the sessions would be received without judgement by other adults who might intervene in the research.

Ethical considerations are also raised, such as the extent to which confidentiality and privacy can be assured to participants, as well as whether the data can be used once the confrontational intervention by the adult outside the research has been inserted into the research context (Christensen & Prout, 2002; Hill, 2006; Punch, 2002). The children's trust may be threatened: both trust in the researcher and trust of the 'intervening adult'. The way the researcher responded to and dealt with these unexpected situations has implications for future sessions; as may the way other children in the group changed their behaviours and willingness to communicate in case they become the focus of an external

adult's attention at another time (Christensen & Prout, 2002; Cocks, 2006; Cross, 2009; Punch, 2002). It also raises important questions about the power dynamics inherent within the school environment, and highlights children's marginalised and relatively powerless position within the school context (Christensen & Prout, 2002; Cross, 2009; Devine, 2002; Farmer, McAuliffe-Lines & Hamm, 2011; Hill, 2006). Even the dynamics between school adult and researcher adult are highlighted, as the researcher shares a relatively powerless position outside the research environment that has been co-constructed with the children.

Although in the above extracts the children's powerless position has been highlighted, there were also occasions where the children were able to embrace the opportunity to take power afforded to them in the research. Although the power imbalance between an adult researcher and child participant can never truly be fully eliminated (James, 2007; Kellett, 2010; King, 2007; Spyrou, 2011), the researcher attempted to minimise its effect by having focus groups of 4 to 6 children and having children guide the direction of the sessions. The extent to which this was successful is illustrated by the following two vignettes.

Vignette 3 Participation – ‘counting sleeps’

It was the first session with a new group (group A1) and the children were meeting during their lunchbreak to participate in the study. The school had arranged for the children to be waiting for the researcher at the front office. When the researcher arrived at the office, there were five children sitting with their lunchboxes in their laps staring at the door. The researcher and the children were directed to enter a room provided by the school to facilitate the research.

Upon entering the room (which the researcher later found out was a room normally used for behaviour management), the children said that they thought they were in trouble, as children were typically only called to the office with their lunches if they were in trouble. As the children were participating during their lunchtime, the researcher asked if they would like to eat their lunches while the session was set up, and introduced what she was doing and why she was there. They decided this was a good idea as long as they could ask questions while they ate.

The researcher told the children about the study: that she would be visiting them three times and that they could stop participating whenever they wanted – even if the session had already started. One boy put his hand up and said *‘If this is boring, then we want to go outside and play during the lunchbreak instead’*. The researcher said that was fine and asked if they could let her know what they decided even if it was after the session had started.

After about 25 minutes, the researcher began to bring the session to a close. Noticing that the session was ending, the children stated that they did not want any playtime and wanted to stay and ‘do this for the rest of the day.’ The researcher indicated that it wouldn’t be possible to do that and reminded them that she would be back again to talk to them on two more occasions. They asked to count how many sleeps it would be until the researcher came back and they could do it again. So the researcher and the children counted the sleeps and the children walked back to their classroom.

Observations of vignette three

There are a number of aspects in this example that inform understandings of things to consider when researching with children, such as whether developing rapport is necessary (Hill, 2006; Hundleth, 2011; Sargeant & Harcourt, 2012). Although this was the first time the children had seen or spoken to the researcher, they were able to develop a rapport within the course of one session despite no active attempt on the part of the researcher to achieve this. The children even felt comfortable enough to challenge the power-dynamic at the beginning of the session by informing the researcher that they would leave if they

wanted to. While there may have been many reasons that the children wanted to ‘*count the sleeps*’ until the researcher came back, the aspect that is particularly noteworthy is that the children were able to talk to the researcher on more equal terms where *they* would decide whether participating in the project was something that they indeed wanted to do.

The next extract provides an example of how one of the children exhibited the capacity to participate on their own terms.

Vignette 4 -Participation – ‘did it MY way’

Lunchtime had just ended and the children were slowly making their way back to their classroom. It was the first session with a new group (group C3) and the five children, who had been invited by the researcher to go to another room, were talking about how they were glad to be missing out on History. After briefing the children and answering their questions, the session began. Tom stated that he didn’t want to do it, to which the researcher said that it was okay and asked what he would like to do instead. He said he wanted to play or eat, which the researcher said wasn’t going to be possible; she gave him the option of staying here or heading back to the classroom. After thinking about it for a minute, Tom decided to stay in the session but said he wouldn’t do anything, which the researcher said was fine. For the rest of the session the researcher interacted with the other children while Tom drew pictures on the back of his piece of paper. The researcher did not deliberately seek out any interactions with Tom, instead focusing on the other children when they asked the researcher to look at something or how to spell a word. On the few occasions that Tom indicated he wanted the attention of the researcher, he was acknowledged. Near the end of the session, the children decided they wanted to share and describe their drawings. Tom (who had been ignoring the other children during the session when they tried to talk to him) jumped off his chair and asked if he could go first. The other children said he wasn’t allowed to have a turn because he didn’t do it. Tom said ‘*I DID do it; I just did it MY way*’. The other children seemed satisfied and let him go first.

Observations of vignette four

After the session, the researcher discussed what was observed with some colleagues to get their opinions on the interactions. It was suggested that Tom was not enacting his right to participate on his terms but was instead being defiant. Even if this was the case it is not problematic, as it illustrates that Tom felt confident enough to challenge the power relationship between himself and the researcher. Despite the clear hierarchy and power

structure that exists in the school environment, the potential impact of adult-child power relations in research and educational contexts is variably considered and addressed (Christensen & Prout, 2002; Cross, 2009; Devine, 2002; Farmer, McAuliffe-Lines & Hamm, 2011; Hill, 2006; Hundleth, 2011). Reflecting upon the contexts and processes in and by which the collection of data occurs provides valuable insight into what can happen when the positioning of both adult and child is challenged, whether intentionally or unexpectedly, as well as the implications for educational practice.

The above extracts indicate that even in research where issues to do with power have been consciously considered, through the clear alignment with sociology of childhood (James & James, 2004, 2009, 2012; James, Jenks & Prout, 1998; Jenks, 2005; Mayall, 2002, 2013; Oswell, 2013; Qvortrup, 2009; Wyness, 2000, 2012) and UNCRC (United Nations, 1989), existing structures within the school environment can be challenging. As a result, it is not always possible for the researcher to construct an optimal research context due to the constraints of conducting the research in situ. These constraints are considered within the analysis process.

The power dynamics that occur between adult-child and adult-researcher is important to consider when designing and implementing research projects with children in the school environment (Christensen & Prout, 2002; Sargeant & Harcourt, 2012) where behavioural expectations and role designations are existent. However, while the research context offers the children and researcher the opportunity to circumvent the pre-existing adult-child power differential, the process is not immune to the vagaries of a naturalistic setting. As such, it is important that the researcher considers the effects of unanticipated interruptions to the research process such as those described in vignettes 1 and 2. When such interruption do occur that impact on the researcher-participant power relations, a process of reengagement with the children from the researcher's perspective is necessary to reassure the participants of their freedom to express their views within the research framework.

While the events described in the vignettes above may be viewed by some as limitations of the research, such observed experiences provided an additional layer of insight into how children responded to different levels of interruption by other adults, including the researcher. They add context to the data obtained for the researcher to evaluate the

capacity of the children to respond to developing their conceptualisation of a difficult topic. As evidenced through the discussion, this procedural information adds richness to the study in line with the hermeneutic nature of the analysis by providing additional insight into what occurred during the sessions that led to the children's communicated ideas on wellbeing.

Conclusion

This chapter presented the contextual and procedural findings as observed and experienced throughout the project. It focused on outlining the process that the children undertook to arrive at their definitions of wellbeing, which in itself constitutes important data. The chapter also sought to provide transparency to some of the hermeneutic processes the researcher engaged with in analysing the content of the sessions with the children. Such acknowledgement presents a way forward for some of the challenges that may be encountered in future research that seeks children's perspectives and is conducted in school contexts.

The following chapter explores the content of what the children said throughout the sessions so their perspectives on the topic of wellbeing can be more thoroughly understood. It presents what the children identified in their conceptualisations of wellbeing and provides an account of what wellbeing is from the child's standpoint.

Chapter 7: Results: What children say about wellbeing

Introduction

This chapter builds upon the previous chapter in presenting the findings of the research and analysing the key elements revealed throughout the discussions with children about wellbeing. While the previous chapter provided a focus on the processes the children utilised to engage with the tasks and conceptualise wellbeing, this chapter provides the content that the children disclosed. It will present the analysis and findings of *what* the children said: that is, it explores the content of the discussions and highlights the key themes. The depth and level of the personal construction of wellbeing from the children's perspective is presented.

Broadly, this study found that the children primarily associated wellbeing with personal, interpersonal orientations with some wider global/universal alignments. Through their conceptualisations, the children acknowledged both the positive and negative aspects of wellbeing and the potential for fluctuation. This chapter presents what the children identified in their conceptualisations of wellbeing and provides the reader with an account of what wellbeing meant for these children. The development of conceptualisation across the three sessions is also explored. The essence of wellbeing is discussed ideographically and nomothetically to lead towards the development of a workable definition of wellbeing. To this end, idiographic analyses are “an approach or style within social research that focuses on specific elements, individuals, events, entities and situations ... and concentrates on what is particular to these” (Wharton, 2006, p. 143). Nomothetic analysis is used to represent the common elements and “search for patterns and regularities which are common to all such cases” (Jupp, 2006, p. 197) in the population. This strategy was utilised in this research to portray the common aspects represented through the population of children participating in the study, which may or may not be representative of the ways other children of this age conceptualise wellbeing.

Emerging themes

As discussed in the methodology, the analyses of results were informed by hermeneutic processes in a four-stage sequence. The data provided by the children was first explored ideographically by individual case, then by each focus group. Concepts of wellbeing from these first two ideographic analyses were compared, to identify whether there were any aspects of wellbeing across the individuals within the group and the group itself that were not represented in the fourth stage of the idiographic analysis. Finally, the responses from each analysis of individual group data were combined to present the ‘essence’ (Husserl, 1913/1983, p.25) of wellbeing as defined by the children. This part of the chapter begins by broadly identifying and describing the key themes and explores how these themes fit with the children’s discussions and conceptualisations across the three sessions. The extent of development and evolution of the children’s conceptualisations of wellbeing throughout the data collection process is highlighted. The summary of analysis for the summarised ideographic analysis will be described.

The data was initially analysed in relation to the broad themes identified in the wellbeing literature. These initial themes were psychological (self), social (relationships), physical (health), economic, cognitive and spiritual (Adams, 2009; Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; Ryff & Singer, 1998; Schickler, 2005). While it was not intended that data would be specifically placed solely within one of these thematic categorisations, they were used as reference points to encourage consistency in thematic grouping. Individual items were sometimes categorised under multiple theme designations. This reflects the complexity of the process of analysis, and the complex notional construct of the essence of wellbeing. Some of the key ideas were better represented by a summary ‘definition’ that represented a collection of the broader themes, and designed to more accurately portray the children’s conceptualisations of wellbeing. They are described later in this chapter.

When considering the content of the sessions alone across each of the group and individual responses, five key themes: social (relationships), physical (health), psychological (self), economic (responsibilities) and experiences dominate. These five represented the majority of responses categorised across the 11 overall themes identified in the children’s wellbeing conceptualisations. Each item (unit of analysis) within the data

collection was able to be coded multiple times if there was more than one theme that suitably described its content.

The 11 emerging themes were:

- Social (Relationships)
- Physical (Health)
- Psychological (Self)
- Economic (Responsibilities)
- Environmental
- Experiences
- Survival*
- Spiritual
- Cognitive
- Safety
- Other

*Survival as a theme was absorbed into other themes/domains as the sessions progressed.

As the findings are reported throughout this chapter, the terminology used will reflect the children's choice of words and phrasing.

Social (Relationships)

The theme of social (relationships) encompassed any and all mention of other people, groups, animals and objects with reference to a relationship of any kind. For example, *'playing with my dog'* (James, age 8) was categorised within the theme of social (relationships), the sub-theme of a 'positive relationship' → 'relationship with animals' and has a positive sentiment. It also included the children's nominations of other associations of an interpersonal nature that could be thematically grouped under other themes. For example, 'personal qualities' such as *'kind ... helping'* was linked to both social (relationships) and psychological (self), as while they are personal qualities of the individual (self), the children described them as enacted on others (interpersonal). In examining the sub-themes within the category of relationships, two distinct patterns emerged. The first considers the affect or sentiment associated with the items coded within the relationships category, in that the children discussed their relationships as existing within positive, negative or neutral contexts and affectations. While relationships broadly were consistently considered by the children to be directly relevant to and to affect an individual's wellbeing, the *type* of relationship and *affectation* associated with the relationship were also noteworthy. These aspects played an integral part in how each child reported their wellbeing in a variety of contexts or situations: *'I put brothers half and half ... it's not very half, but somewhere in the middle pretty much ... I'll colour them in a nice pink permanent marker so I think of ... happy'* (Erica, age 11). This reflects how Erica acknowledged her brothers as having the ability to impact on wellbeing in positive and negative ways, and how by her reframing her thoughts and feelings towards them (in this instance by colouring them pink), she was able to respond and consider the situation more positively and have more control over how her relationship with her brothers might affect her wellbeing.

The subthemes within the relationship theme could also be refined by sentiment and specificity. The relationship subthemes included the identification of relationships with family, friends/peers, other people, animals, and global and spiritual aspects (see Figure 3).

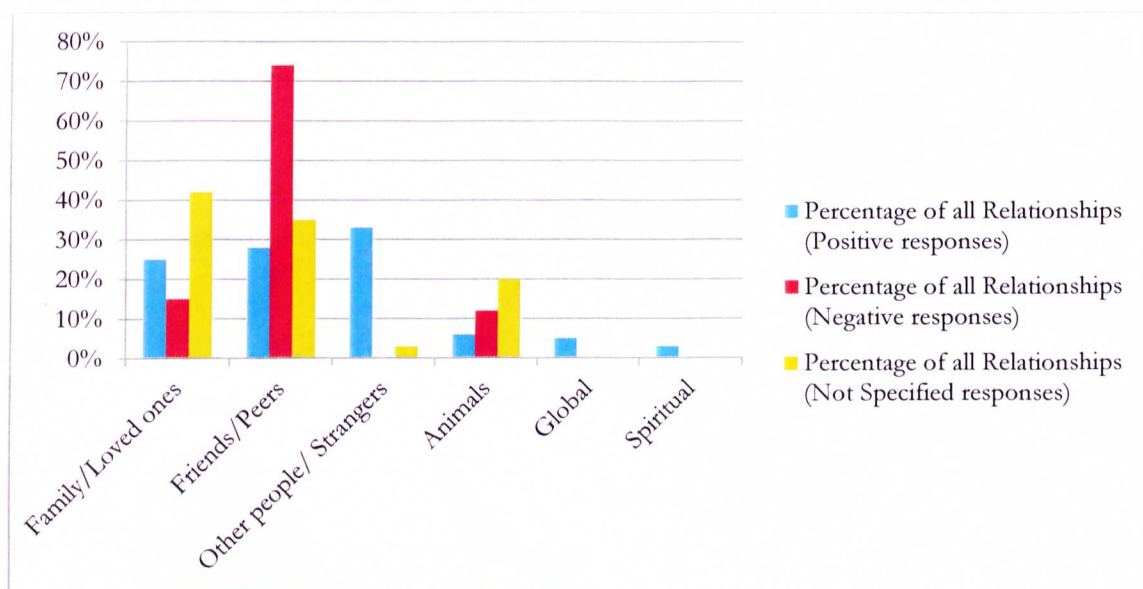


Figure 3 Relationship sub-themes by sentiment

Figure 3 shows how each sub-grouping within the broader category of relationships was contextualised by sentiment. Through this it can be seen that positive relationships as relevant for wellbeing are experienced with friends/peers and family/loved ones. It is interesting to note that the highest sub-category within the negative affections to do with relationships was also assigned to friends/peers. This may suggest that friends/peers are very important for tweens' wellbeing. While the relationships with friends/peers may fluctuate between positive and negative interactions, the importance of having these relationships is a major contributor to a tween's overall sense of positive or enhanced wellbeing.

The children discussed both positive and negative relationships as impacting on wellbeing an equal number of times, which supports the idea that wellbeing is experienced holistically. Similarly, the children discussed their relationships with family in positive and negative ways the same number of times. The children identified the importance of relationships, whether positive or negative, and emphasised relationships as affecting how they conceptualised and experienced their wellbeing. Some of the relationships outlined in the brainstorm [Activity D] were deconstructed in the analysis process if the child specified a relationship direction (either positive or negative). A further example of how relationships were considered is illustrated in the following drawing, *Gone but not forgotten* (see Figure 4).



Figure 4. Gone but not forgotten

Figure 4 is of the five members in the child's family and illustrates that the child who drew the picture considers that her family influences her wellbeing. One member of her family has passed away, indicated by the dark shading and a cross through the face, but was included in the drawing. The description of the drawing indicated that the family member that had died was part of the family even so. Based on the importance placed on family relationships for this child's wellbeing, it was considered necessary to include all family members in the drawing.

An additional analysis of this drawing may reveal undercurrents of spirituality and the concept of 'being' after a physical life has ceased. As the child did not provide additional detail surrounding whether they considered the deceased family member to be still 'existing' after death in a metaphysical sense, or whether their inclusion in the picture was to represent the closeness of the family unit, the image is best represented within the context of what the child discussed; for while an adult might consider the image to indicate a spiritual component to the child's conceptualisation, the child's description placed the focus on the closeness of the family unit.

In addition to relationships with family (34% of relationship responses), relationships are also identified with friends (22%) and animals (19%). Relationships with either animals or friends may have been identified as important as children considered specific examples

where each of these groups had impacted on their wellbeing. As an example, pets were discussed in both positive and negative ways with *'bugging my guinea pigs'* (Andrew, age 8) being a positive relationship and *'my cat made my mum go to hospital so I hate my cat'* (Natalie, age 11), indicating a negative relationship. Only when the direction of the relationship was specified was the item coded within the positive or negative relationship subtheme. The children also provided examples of neutral sentiments, and the researcher did not make assumptions of direction during the coding process, even when it seemed a certain direction was likely.

The children considered relationships as integral to their wellbeing and used memories and past experiences that involved others to illustrate how relationships impacted on their current conceptualisations of wellbeing: *'I'll tell you something that affects my wellbeing ... I don't have a dad ... I used to have a dad, now I don't so that's that. But we can talk about it later'* (James, age 8). James acknowledged that the absence of his father in his life affects his wellbeing, but does not indicate directionally whether it is in a positive or negative way. The children's cognisance of different events and factors that could affect their wellbeing illustrated their ability to consider the topic in different ways and to discuss wellbeing without subjective value judgements being placed upon the descriptions provided.

Children's 'personal qualities' were considered as linked between both the social (relationship) and psychological (self) themes as the children outlined personal qualities (self characteristic) that were enacted on others (relationship characteristic). Considering these components in isolation would not fully incorporate the integral connection between the two that is needed to understand how the children described wellbeing. The children considered how others perceived them and how this perception impacted on their wellbeing, reflecting the dynamic nature of the personal qualities they discussed: *'I'm always nice, so I wrote nice'* and *'mine is about kind words and love hearts and everyone being cool'*. This illustrates how the children considered both the ways they are perceived and the way they respond to others as integral to their own and others' wellbeing, and suggests that children of this age are concerned with and aware of the importance of positive relationships. Not only that, but they seek to be received and interacted with in a positive way so that their own and others' wellbeing can be positively influenced: *'you can affect someone else's wellbeing ... if you want to make yours better by affecting someone else's, it's kinda bad, so you have to think about people around you ... at school, if you have bad wellbeing, or if you're not happy,*

then its most likely that somebody else is sad as well' (group E3 discussion). This group concluded by saying, *'if you lash out or something because you feel cut off from everyone else, then you're going to ruin someone else's wellbeing as well'*.

Physical (Health)

Aspects surrounding the broader physical components of health were identified by children in groups E2, E4 and E5 during the group tasks, and by at least one person in each group in the individual tasks.

Health

The children considered health broadly: *'it's like how much health you have'* (group E2 discussion), as well as in relation to physical health and fitness, nutrition, negative aspects of health, and health care. The children identified considerations of health as impacting on the wellbeing of an individual as well as having the potential to affect the wellbeing of others: *'Injured would go into the heart group because if you're injured, people try to help you and that helps your wellbeing'* (Neve, age 7). These examples illustrate how, in the context of this study, children were able to consider experiences and impacts of wellbeing from multiple perspectives. The children considered wellbeing and its components at times as consisting of more than just a surface level conceptualisation of the level of 'health' that an individual has. For example, despite injury being considered something negative that influenced an individual's wellbeing, it was also discussed as a positive: *'if you get injured you have to go to hospital and hospitals help people a lot'* (Libby, age 12). The acknowledgement of the positive and negative aspects of health as they relate to wellbeing aids in demonstrating the complexity of the topic of wellbeing and how these aspects are intertwined both with an individual's health, and their wellbeing.

Insurance

The children detailed a wellbeing insurance to *'cover my feelings and health ... so technically what [a wellbeing insurance person] would be doing is if we get hurt or are suffering, you help us'* (group B1 discussion). The concept of 'wellbeing insurance' demonstrates and reiterates an awareness and acknowledgement of the importance of health and protection. These comments acknowledge both a maturity and vulnerability in safeguarding themselves

from emotional and physical harm by way of insurance. In the same way adults that are able to take out insurance policies in case of death or injury, the children identified the need for insurance to be provided for them. Links can also be drawn to children's participation rights and the inability for them to have control or actively participate in decisions relating to their lives, as discussed throughout the literature review. The multifaceted way that the children discussed the concept of wellbeing insurance meant that the item was multiply coded based on the associations the children made between this concept and the other items identified throughout their discussion.

The children described the concept of 'wellbeing insurance' as covering their 'feelings and health'. This reflects the importance they placed on the emotional and physical aspects of their wellbeing and the need for assistance, support and security in these and other matters. To make the connection back to conceptions of childhood in the literature, this part of the children's discussion may reflect their acknowledgement of needing to be protected at times.

Food and Fitness

Also within the sub-theme of health were the ideas of food and fitness. These ideas were discussed in both positive and negative ways and are perhaps best represented in the children's drawings (see Figure 5).

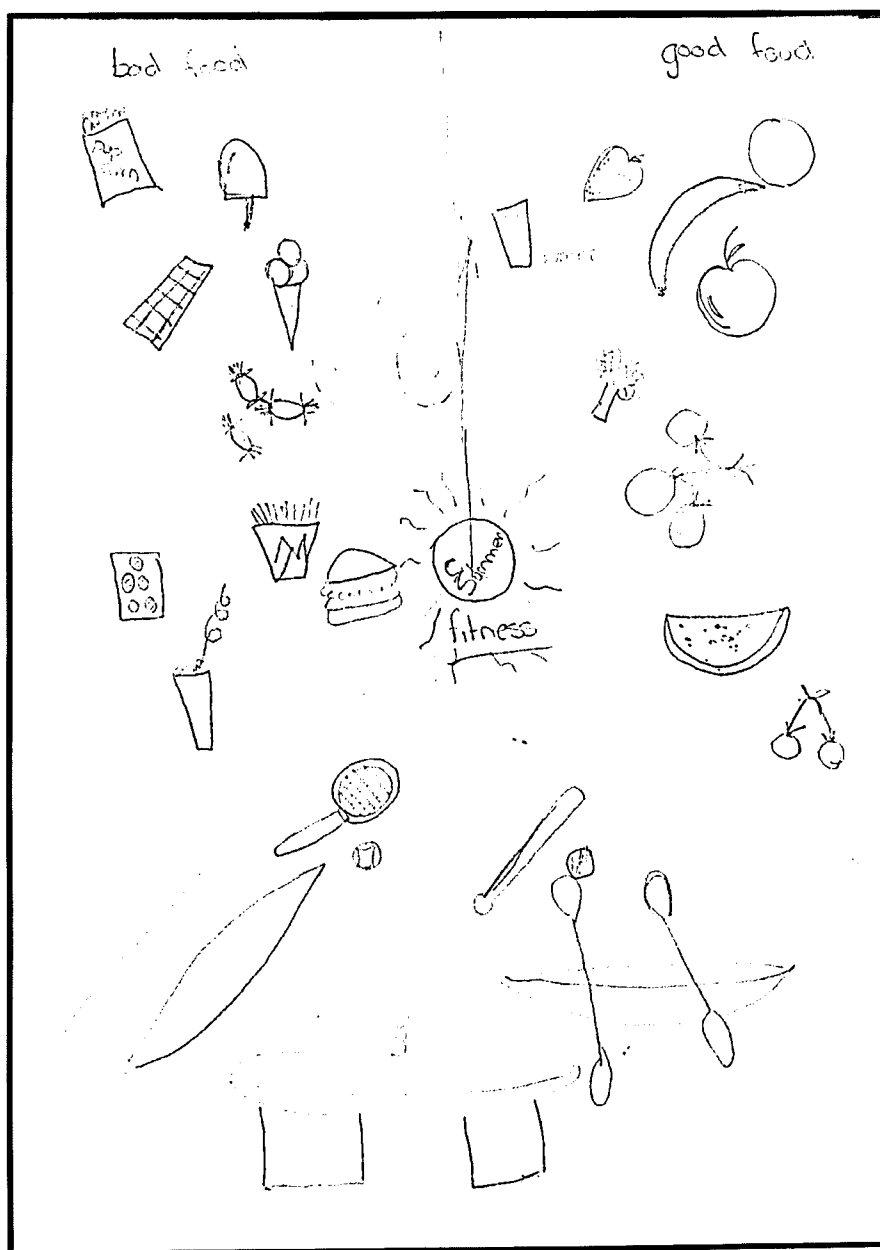


Figure 5. Health and wellbeing

Figure 5 illustrates multiple aspects of the category of health, including physical activity, exercise and nutrition, and is representative of the illustrations provided by the children on the subject of health. The balance between good food, bad food and fitness depicted by other children and this illustration indicate how the interplay of these factors can influence an individual's wellbeing in both positive and negative ways. The children's awareness of these elements and understanding of their connection to an individual's wellbeing may reflect the effectiveness of school-based campaigns that focus on awareness and development of the physical wellbeing of students (Queensland Government, 2008).

Examples such as that presented in Figure 6 illustrate how the children considered aspects surrounding their self-maintenance, care, and self-concept as integral to the conceptualisation and experience of wellbeing. The children discussed the items grouped within the theme of self as having the potential to impact on wellbeing in both positive and negative ways. For example, with the nomination of sleep, the children identified the importance of sleep in moderation for wellbeing. They noted that too much or too little sleep was detrimental to different aspects of an individual's wellbeing and had the potential to affect other aspects of their own and others lives through '*lashing out*' (group E3 discussion). Connections could also be made between these ideas and the children's nominated personal qualities and feelings.

Personal qualities

Items coded within the sub-theme of 'personal qualities' surround those responses that were "unselfish act[s] to benefit others" (Haines, 2012, p. 65) or selflessly looking out for the greater good of society (Hyde, 2008). Specific responses included '*sharing*' (Hannah, age 9), '*being kind to others*' (Ava, age 9), '*helping people*' (Abigail, age 10), '*everyone being happy*' (Andrew, age 8) and '*taking care of family and friends*' (Libby, age 12). These items reflected specific actions that were selfless in nature and involved positive relationships with others and personal qualities, as is illustrated in Figure 7.

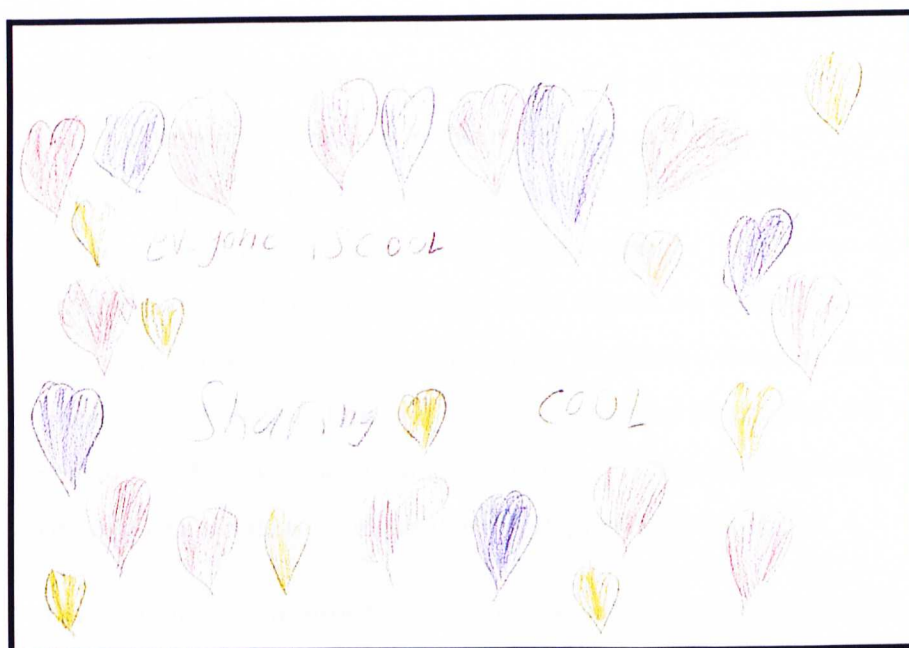


Figure 7. Personal qualities

Katelyn describes Figure 7 as being ‘*about kind words and love and everyone being cool and sharing*’ (Katelyn, age 9). These comments and images show how this child considered wellbeing to be about positive and selfless acts towards and with others. Each item drawn and described in this picture related to unconditional kindness with no self-interested or individual focus in the depiction. What makes this particularly interesting is the lack of personalisation in the conceptualisation of wellbeing. The personalisation was contextualised by how this child responds to and is responded to by others. This may suggest that altruism for this child is the optimum point of wellbeing: that is, wellbeing is conceptualised as an ideal grounded upon selfless acts, thoughts and interactions by which an individual’s wellbeing prospers.

Feelings

The feelings described by the children could be grouped as positive (*‘happy’*), negative (*‘angry’*) or neutral (*‘feelings’*) affectations, as well as general (*‘feelings’*) or specific (*‘happy ... sad ... angry’*). As with relationships, each response within the theme of feelings could be sub-categorised by affectation and specificity for the purpose of analysis, with positive feelings reflected in 75% of items coded within the feeling sub-theme.

When examining the importance of feelings for wellbeing, an age-based trend was noticed. Despite the category of feelings earning almost equal coverage from the younger and older age groups of children, it was the third most important theme for 9- and 10-year-olds. It was noticed that almost half of all of the negative relationships discussed (44%) were also by children in this middle age grouping. Negative feelings and negative relationships were equally compared and considered as impacting on wellbeing by children in this group. These results suggest that for the children aged 9 to 10 years old, situational and relational influences could impact on multiple areas of their wellbeing and affect their subsequent conceptualisation. If children focus on the negative aspects of interpersonal relationships and negative aspects of experience, this can also influence the way in which they conceptualise wellbeing, and may be reflected by influencing the focus of what one needs for wellbeing to be improved or enhanced.

The relative lack of importance of feelings when compared to other themes the children identified indicates conflict with conceptualisations of wellbeing that consider it a synonym for happiness. While positive affect was considered important within the

context of this study, feelings were not seen by the children as integral to considerations of wellbeing, compared with other items. These results suggest that in the context of this study, situational and isolated events or occurrences can impact on how an individual conceptualises and considers wellbeing, and whether this is done from a predominantly positive or negative frame. Considerations of feelings included specific feelings that were either positive or negative in nature '*happy ... sad ... angry*' (Ebony, age 11) as well as 'things that I like', such as '*getting tickets to SeaWorld for my sister's birthday*' (Rachel, age 8). The nomination of 'things that I like' was used after many children said the phrase to describe and group items they had included in their conceptualisation of wellbeing.

Economic

The economic theme predominantly represented items that related to the responsibilities that children identified. These responsibilities were assumed, imposed or predicted.

Responsibilities

Typical responses within the sub-theme of responsibilities involved working in different contexts including paid employment, manual labour, chores, housework, feeding pets, and jobs in general. The children discussed each of these as relating to wellbeing in neutral ways. While some of these responsibilities were indicated as things that the children might not enjoy doing, they considered them relevant to their wellbeing as it was their responsibility to contribute to their households through jobs, chores and physical work. While the children participating in this research were not of legal age to engage in formal paid employment, they still chose to discuss this aspect when they talked about current and future contributions to their family life.

Provision

The ability for children's families to be provided for by way of material possessions and financial resources was also grouped within this theme. Aspects surrounding the sub-theme of travel consist of the broader nomination of '*travel*' as well as identification of specific forms of transport. The ability for an individual to access transport, to be able to travel and have the means to get where they needed to go, was identified by the children as having the ability to impact on both their own and their family's wellbeing. By contrast,

the children identified the inability to access transport and means of transportation as inhibiting and limiting the individual's ability to maximise their access to and participation in things that they wanted to do. While they identified the items grouped within the theme of travel only in the first session, ideas and items relating to travel and transportation were inherent in descriptions of aspects relating to the children's wellbeing.

Materialism/Self-Interest

Materialistic/Self-interested items were represented comparatively fewer items in the children's conceptualisations than many of the other themes/sub-themes. Items grouped within the materialistic/self-interested theme included material possessions such as *DS Lite, clothes, shoes, computers, TV and games*. Upon elaboration and discussion, the children identified many of these items as contributing to an individual's wellbeing either by being things that made them happy or as reflective of how well their family had been provided for. When they discussed material possessions within the context of being something that makes them happy, the item was also coded within the psychological (self) theme. The children's nominations of and associations between material possessions and their impact on wellbeing was considered on a case-by-case basis when grouping the items for analysis. While materialistic items were mentioned in the initial conceptualisations of wellbeing [Activity D] in the first session, the children did not tend to identify them again during sessions two or three. This could indicate that the items, while initially considered materialistic or containing a 'self-interested' focus, in fact represented the broader notion of being financially stable, in addition to the feelings the children attribute to these possessions. Such an interpretation leads to the items within this category being in some instances re-categorised within the broader theme of Economic → financial → materialistic ← feelings ← Psychological (self). The material items discussed were typically related to different technological consoles.

Technology

Despite children growing up in the current generation being considered the 'net' generation (Hargittai, 2010; Tapscott, 2009) or 'digital natives' (Bennett, Maton & Kervin, 2008; Prensky, 2001), there was little reference to technology in the children's discussions. In some instances the children referred to specific games, and to playing on the computer in general, or watching TV. They mentioned programs and software such as Facebook,

Club Penguin and Animal Crossing, and discussed their use in the context of providing them with the ability to connect and socially interact with others through the technology.

The children discussed technological aspects as existing within both positive and negative frames. Negative aspects included using too much technology, which could contribute to obesity, health problems and other negative ramifications. Other negative aspects of technology that they identified included negative interactions on social media through cyber bullying and the like. By contrast, the children identified positive aspects of technology to include access to the games, hardware and programs that other children have. It also included being able to play games and watch TV as desirable activities that occurred outside school. The children discussed these activities as something they have more control over than many other tasks and activities, as they are able to regulate and determine the extent of their participation in technological games, activities and applications.

Environment

The theme ‘environment’ incorporated items that made specific reference to physical environment, nature or environmental contexts. Within the theme of environment, items could be refined to exist within a specifically local context, such as referring to home, school or community, a global context like *‘people from different cultures’* (Mia, age 9) or items that could be grouped within both a local and a global context such as *‘pollution ... litter’* (Libby, age 12).

Nature

Aspects of nature such as trees, air, sun, flowers, grass and clouds were the most frequently grouped items within the environment thematic classification. These aspects featured in the verbal and visual descriptions of wellbeing by the children (see Figure 8)

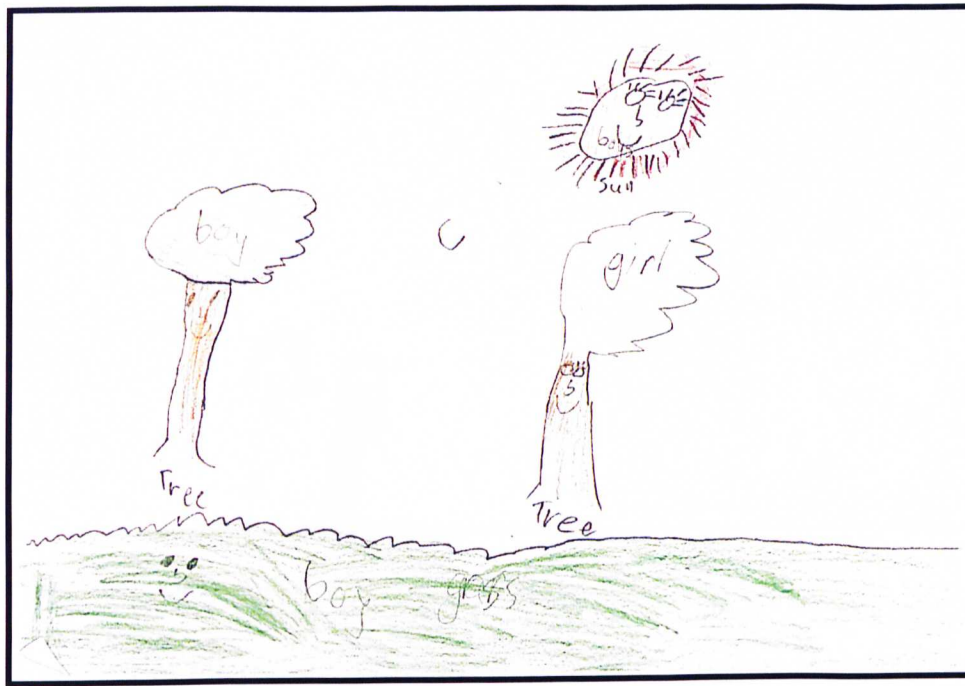


Figure 8. Environment and nature

Figure 8 depicts a conceptualisation of wellbeing as related to environment and nature. It also presents an interesting depiction of gender relationships for this child. The illustration shows a 'boy' tree, grass and sun as separate to but still interacting with a 'girl' tree. When he described his picture, the child indicated that the boys and girls were 'nothing' (Trent, age 9). This illustration showed smiling faces in each aspect of nature, which could be interpreted to mean that wellbeing for this child is happiness and nature.

Global (universal)

While sub-themes surrounding global or universal contexts were not discussed by the majority of the children, those who did choose to include them specified their high importance. For example, community, relationships and a global focus featured predominantly in this child's discussions and depictions of wellbeing:



Figure 9. Global cultures

In the left of the picture, a drawing of people holding hands around the globe demonstrates an understanding of contexts beyond the child's immediate, local environment. This supports Sargeant's (2005) finding that children of this age have a wider understanding of global issues than is normally attributed to them.

Local (home, school, neighbourhood)

Some of the children's responses were locally contextualised by specific reference to their home life, school experiences or wider neighbourhood: *'these are all the beds we got, here's a car garage and we've got my dad's tool box, my avatar painting, my daddy's paintings, pictures and that's all'* (Tommy, age 8). While only some of the content was specifically referenced by the children as such, the majority of responses across all the sessions were situated within a localised context. That is, they were broadly contextualised to apply to the specific individual or community, rather than having wider, more global implications.

Experiences

The category of experiences consisted of responses that were predominantly positively framed. Positive experiences represented 87% of all experience responses, indicating that children associated positive experiences with their wellbeing, such as *'going to my Nanny's house for a sleepover'* (Ellie, age 8). As described previously, an item such as this would also be coded within the social (relationships) theme as it involves an interpersonal interaction. The temporary or situational experiences nominated by the children support ideas that

perceptions of an individual's wellbeing can be influenced by single events or occurrences that resonate, or are distinctly remembered by the individual as impacting on their sense of wellbeing at a specific time but with no long-term consequence. For example, *'if you have an experience ... an experience of something here and it was a bad experience, then later in life someone else might have that bad experience but because you've already gone through it and you got through it unscathed, then you can help that person'* (group E3 discussion). This comment reflects how these children perceived experiences, even negative ones, as having the potential to positively influence another's wellbeing later on. It also alludes to the concept of building resilience.

The children identified the importance of learning from experiences and using one's own knowledge and personal experience to help others as important to the development and maintenance of both the individuals own, and others', wellbeing. There were many ways that items grouped within the theme of experiences could be divided into sub-themes: universal and specific, common and unique, shared and individual, desirable and undesirable, memorable and exemplary. As it was the essence of wellbeing that was being explored, rather than numerical or frequency indicators, the numerous subdivisions for this theme represented the diversity of experience and the importance of contextual understanding in interpretation, rather than the importance of any specific sub-type of experience nominated.

Negative experiences were identified by the children as having to do with wellbeing in both identification of experiences that could cause someone's wellbeing to drop, and in identification of how negative experiences could enable an individual to build resilience and consider the situation from an alternative perspective. For example, the children identified *'going to hospital'* as an experience that was both positive and negative. It was negative because if someone needed to go to hospital it meant that someone that a person cared about was sick or injured. It was positive because hospitals help people and people get visitors when they are in hospital, which can make them feel better. Another example of bi-directional experience is offered in following drawing that shows confrontation (see Figure 10).

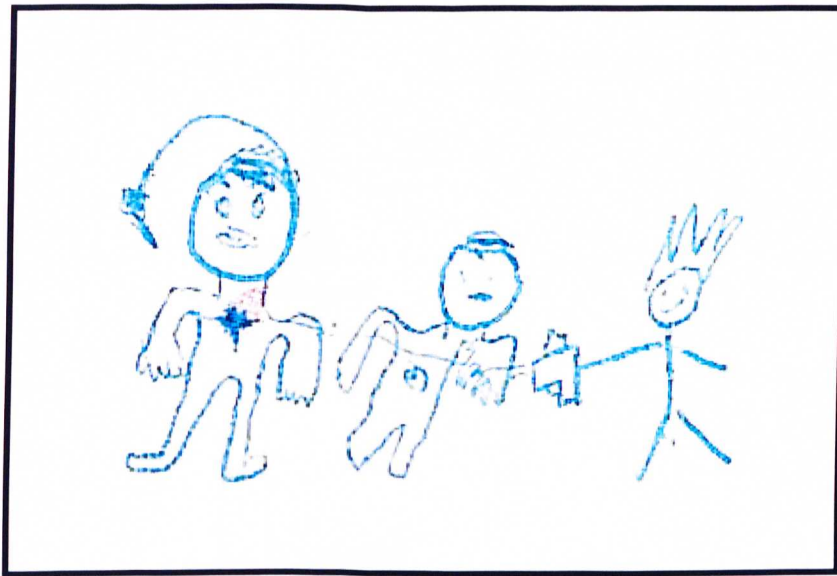


Figure 10. Confrontation

The child who drew Figure 10 opted not to discuss its contents during the first session even after other children in the group urged him to do so. At the start of the second session, the child asked the researcher if she had looked at his picture; she indicated that she had and would like to find out more about it if he wanted to tell her. The child began by describing the neutral aspects of the drawing before pausing and looking at the face of the researcher, then pointed to the group of three people shown in Figure 10 and said it was a drawing of someone shooting people and people being shot. The child identified all participants in the event in the description and pointed to the fact that both the shooter's and the victim's wellbeing would be affected by the experience. Of theoretical importance, this illustrates how children are aware of and acknowledge the multifaceted nature of wellbeing and can acknowledge in a considered way both positive and negative aspects as able to impact on wellbeing. This is also illustrated in Figure 11 *The roller coaster*, where the drawing was described positively despite surface interpretations that might consider the experience of 'falling from a roller coaster' as negative or having a negative impact on how an individual may experience wellbeing.

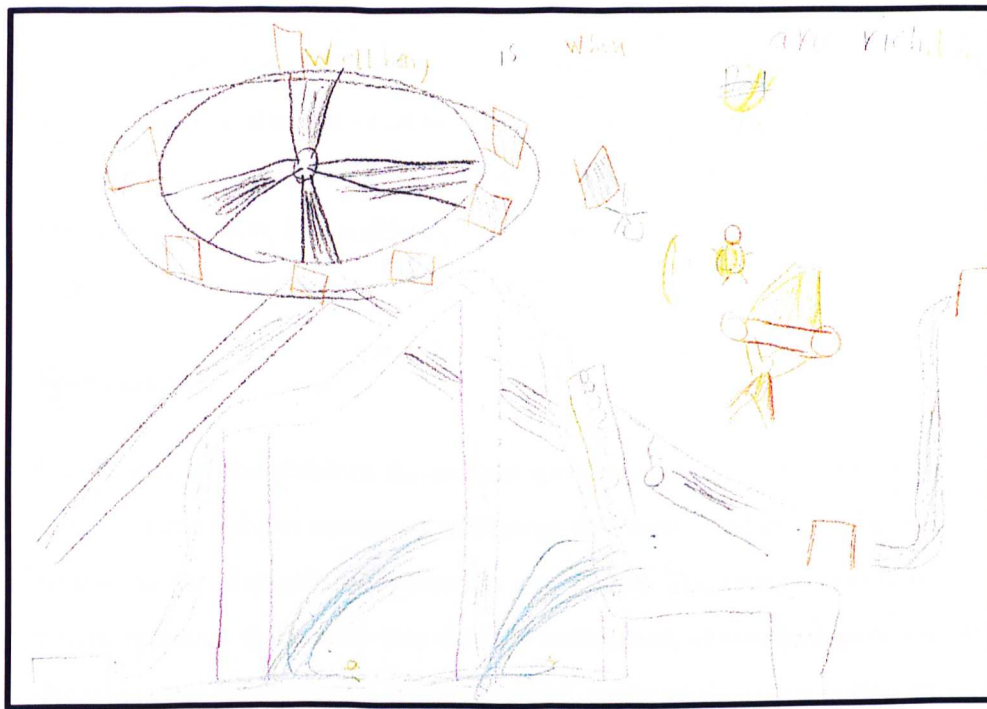


Figure 11. The rollercoaster

The child described this drawing as ‘he’s falling out of a roller coaster ... he’s falling out of the track ... it’s like, ‘whoo hoo! I win’ and the whole thing goes on fire, and they are flammable because they’re paint and then they explode and it’s a happy ending for the person that didn’t die’. This demonstrated an acknowledgment of an optimistic outlook in the face of negative impacts to wellbeing in situations that an adult might interpret as a tragedy. The narrative provided by each child about each of their images further demonstrated the depth and complexity of their understandings of wellbeing, as well as their ability to communicate these ideas clearly and coherently for an adult audience to understand. The information and rich descriptions the children provided demonstrated their capacity to make meaningful contributions to the knowledge base about wellbeing.

Survival

The children identified aspects relating to survival as important for wellbeing. They identified this through discussions that related directly to life, living, dying, death, and ensuring basic needs were met to enable them to live. The children identified these items in both broad and specific ways. Discussions surrounding life in general as well as maintenance of life and avoidance of death were conducted, as well as deeper philosophical discussions that considered death and dying objectively. Throughout these discussions, the children often mentioned items that related to survival in neutral,

objective and ‘matter of fact’ ways. This is in contrast to attributing an affect or emotion to an item. The absence of affect in discussion may be interesting for some analysts due to the complexity and difficult philosophical nature of the concepts of death, dying and life. These aspects, like wellbeing, are often considered to be difficult topics to discuss, especially with children.

Spirituality

Only some of the children mentioned spirituality throughout the discussions; given the nature of the subject matter of wellbeing, this theme (whether religious or not) did not feature in the discussions as often as anticipated. The first session was the only session where religious spirituality was directly mentioned, although depending on how broadly the notion of spirituality is conceptualised, some of the items coded within the survival theme could also be positioned within spirituality. If the nature of the item is questioning or philosophising life, living and death, it could be argued to have a spiritual component.

Although religious spirituality was only directly mentioned in the first session, one group in their session two thematic coding chose to categorise all the things that God made into the theme of ‘God’. This indicated that while spirituality and religion was not specifically mentioned, for some children, religious spirituality and God might still underlie many of the components that other children identified as contributing to wellbeing. An interpretation of this could suggest that some of the children considered it a ‘given’ that God and spirituality underpinned everything relating to an individual and their wellbeing, as they considered God to have made all living things. It may have therefore seemed redundant or unnecessary to further identify or explain specific aspects of spirituality within the items identified as relating to wellbeing. As this interpretation (beyond the grouping of living things into the theme of God by one of the groups in session two) is that of the researcher and was not verified by the children, it remains only an interpretation as to why items relating to spirituality were not more present in the conceptualisations and discussions. As some children participating did not attend a school with a specific religious affiliation, nor were they asked to specify any such affiliation, it cannot be assumed that all children in this study considered religion or spirituality in this way; nor can it be assumed that spirituality was an important theme for wellbeing for these children. This could be an area for future research.

Safety

While initially part of a broader theme of ‘safety and survival’, the items the children discussed with a solely safety focus are uniquely important and separate to those they discussed from a survival perspective. The items included within the safety theme predominantly included those that the children specifically identified and nominated as relating to safety, such as ‘*because I’m feeling okay safety wise*’ (Tiana, age 12), ‘*being safe*’ (Hayden, age 8), ‘*Feeling unsafe*’ (Tiana, age 12). In addition, a fear for their safety, such as by ‘*being shot*’ (Hunter, age 8), ‘*guns*’ (Libby, age 12), and ‘*shooting people*’ (Hunter, age 8) were also included in the safety theme. As expected, items coded within the theme of safety were able to be further subcategorised by a positive or negative affectation. The children discussed each item that related to safety in varying ways and had the ability to impact on individuals and their wellbeing.

Cognitive

The cognitive theme represented items that were related to cognition, academic knowledge, achievement and learning. Initially the children discussed aspects of cognitive wellbeing where each item could be placed in sub-themes of ‘academic’ and ‘school’. Upon reclassification, the overlap in categorisation could be sufficiently addressed with the broader theme of ‘cognitive’, which made the need for additional sub-themes redundant. The cognitive theme also reflected the intellectual and environmental school context that included ‘*learning*’, ‘*homework*’, ‘*maths*’ and ‘*spelling*’. As with the other items that could be multiply coded, the items were coded within other relevant themes when associations were specified. Across the three sessions, cognitive items were rarely acknowledged, so the examples for this theme are limited. Throughout the discussions, the children contextualised each of the items coded within the cognitive theme as existing within the school context.

Other

The theme of ‘other’ incorporated the couple of items that were not able to be grouped authentically within any other thematic category. These items included ‘*random things*’ that the children did not describe beyond being an all-encompassing term that incorporated other ‘random things’ that contributed to their wellbeing. Items were described as fitting

this theme if the children could not remember a specific example at the time, or if it was something that they might have missed. The children used the term '*random things*' as a synonym for 'etcetera', to ensure that they had mentioned all the things that they considered relevant to wellbeing. As such, this theme could represent a smaller component of all other themes.

It is important to note that within each of these broad themes existed parallel categories where items with a directional affectation were specifically nominated by the children. That is, when considering wellbeing, the children often specifically nominated some items as being positive or negative, good or bad. The terms positive, negative, good and bad were those used by the children. First, however, it is necessary to highlight these parallel themes to obtain a better understanding of how the children constructed wellbeing.

Parallel themes

There were two additional sub-themes that were noticed and may be considered complementary or parallel to the formation of wellbeing for the children. While not all the items nominated by the children throughout the sessions could be coded across these sub-themes, the children's specific highlighting of their presence indicated to the researcher that they were aspects worth mentioning.

Affect (Positive and Negative)

When initially categorising the data, the researcher considered the broader category of affect a distinct and separate theme, but as affect is directional, it was determined that analysis of each direction should occur separately and have its own unique grouping. It became apparent that there were examples of both positive and negative affect within many of the larger themes. As a result, affect was split into positive and negative groupings for the purpose of analysis. Throughout the presentation of findings, positive and negative affectations have been discussed within the examples provided in the sub-themes. The theme of social (relationships) was where affect/sentiment nominations were most frequently specified by the children. As this has been discussed earlier, when deconstructing the social (relationships) theme, the following section will present examples of positive and negative affect from other sub-themes.

Positive affect

Popular conceptualisations of wellbeing in the literature describe the construct as consisting of what is fundamentally good for a person, their quality of life (QoL) or as a synonym for happiness (Bowling & Windsor, 2001; Crisp, 2008; Diener, 2000; Diener & Suh, 1997). Supporting such conceptualisations of wellbeing were children's responses that clearly identified a positive affect. In the context of this study, the results suggested children of this age were largely optimistic even in the face of negative inputs, as is demonstrated in Figure 12 and Figure 13, which offer representations of what each of these children consider necessary for a good or optimal world and life.

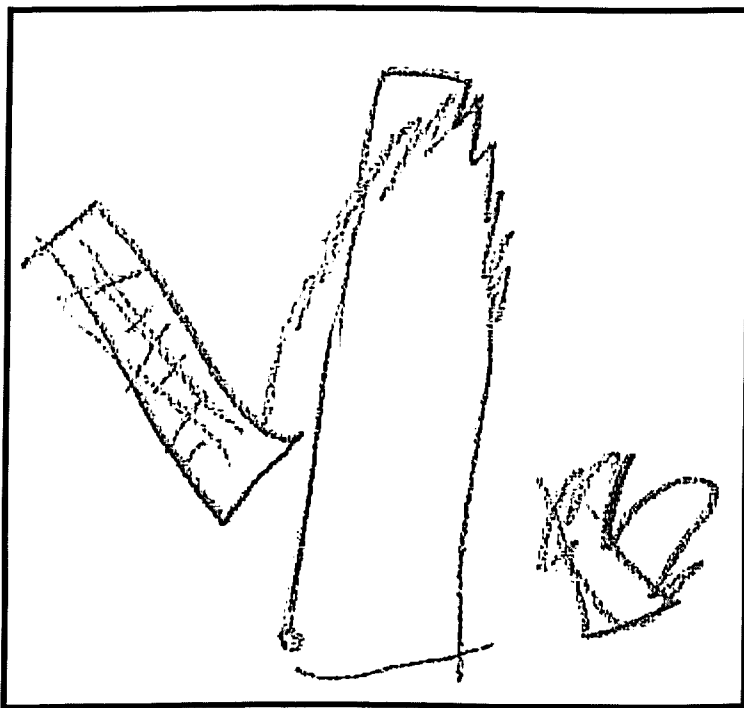


Figure 12. Hope

The child described this part of the drawing as an earthquake with '*not getting any earthquakes*' (Mia, age 9) identified as contributing to wellbeing. There had been an earthquake in New Zealand approximately four months earlier. The earthquake had been covered extensively in Australia.

The children acknowledged both positive and negative aspects of human experience that impacted on wellbeing. They described the events and circumstances with a complexity and maturity that is not typically attributed to children of this age when considering childhood using a developmental (rather than sociological) positioning.

Negative Affect

The children considered positive and negative aspects that had the potential to impact on wellbeing in complex and meaningful ways, such as the description a child provided for Figure 13 *The 'death machine'*.

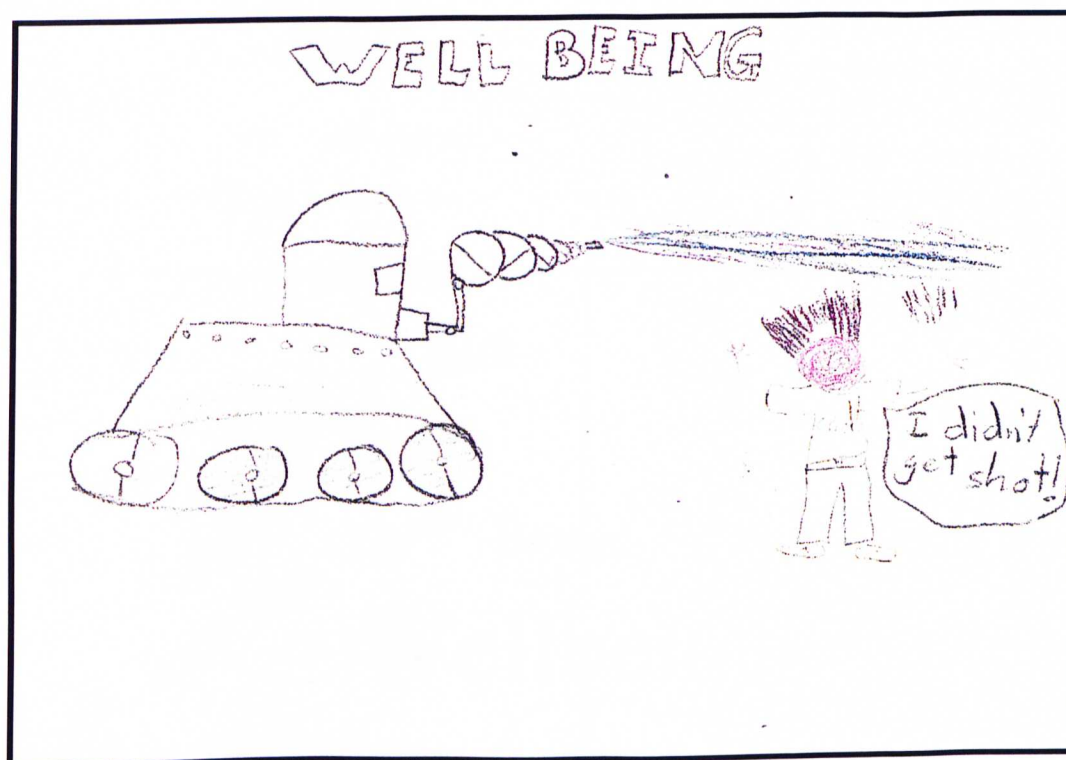


Figure 13. The 'death machine'

The child described this picture as both relevant to wellbeing, and positive and negative: 'remember we're telling others about wellbeing ... I did a tank hitting someone and they are like 'yesssssss, I'm not dead! ... like so someone shot someone and then missed them and they were like 'yayyyyyy I didn't get hit!' By focusing on the positives in the face of negative inputs such as being shot, or other near death experiences, this child demonstrated a capacity to consider the construct of wellbeing more deeply. This consideration situated wellbeing beyond a temporary or solely positive affectation in the traditional sense, it is considered from only a positive lens.

The contrast between positively and negatively framed responses was highlighted in the justifications that the children provided for their wellbeing ratings at the beginning of each session. While their specific responses could be coded within the broader themes outlined earlier, the commentaries provided by them *rationalising* their self-assessment reflected a personal association that offered significant challenges for analysis. While the

individual rationales for the children's wellbeing ratings related to both the possible positive and negative aspects of wellbeing, the responses they provided in the brainstorm activity tended towards the more positive aspects of wellbeing such as *'eating healthy'*, *'friends'*, *'family'*, *'pets'*, *'things I am good at'*, *'things that I like'* and *'being happy'*. This reflected a distinct difference between the personalisation of wellbeing when applied subjectively to oneself and the consideration of wellbeing in a de-contextualised, more general sense.

In their brainstorm, three children chose to contrast both the positive and the negative aspects of wellbeing, as is shown in the example in Figure 14.

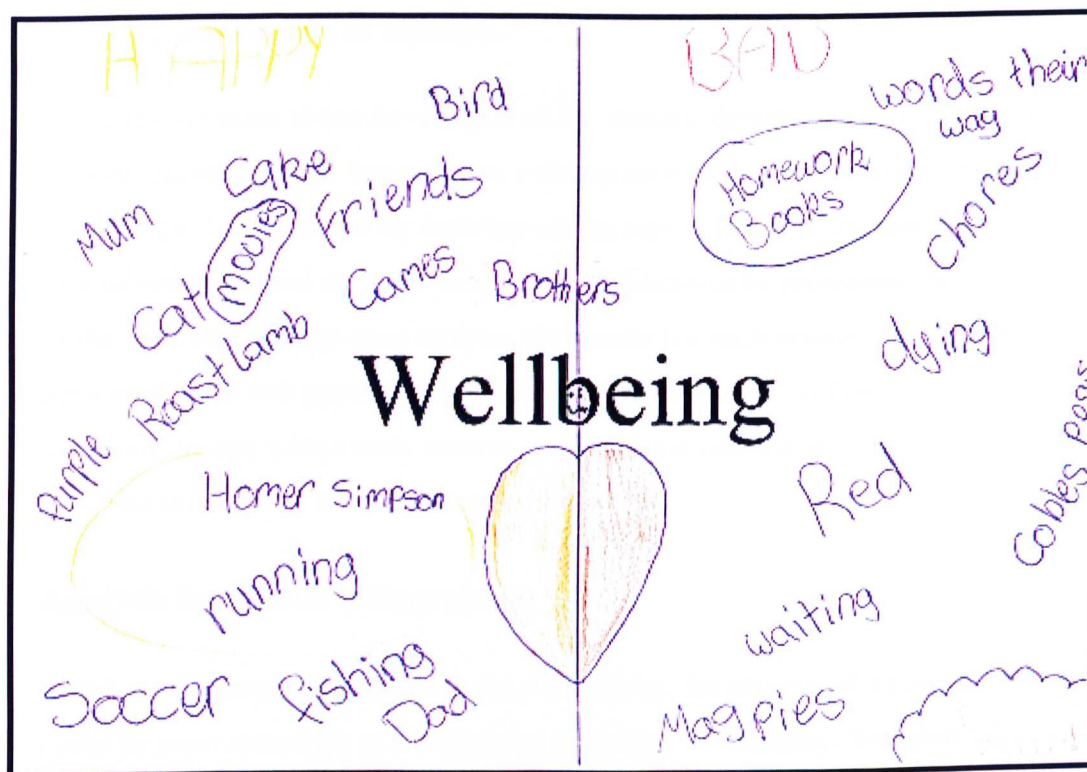


Figure 14. The happy and bad aspects of wellbeing

Rather than focusing solely on the positive (happy), some children outlined as many items they could think of that contributed to an individual's overall experience of wellbeing. Many of the positive aspects they provided were consistent with those other children identified, such as *'health'*, *'happy'*, *'friends'* and *'feelings'*, but they also included negative aspects such as *'homework'*, *'chores'*, *'bullies'* and *'too much TV'*.

Although the task (Activity D) asked the children to outline everything they could think of to do with wellbeing, most chose to focus predominantly on the positive aspects. Based on the results from session one alone, an initial assessment of the children's

definitions of wellbeing reveals a tendency towards positive life features. The children identified what they felt was necessary in their lifeworld to experience wellbeing as if the term was synonymous with ‘good life’. This was in contrast to the negative aspects they nominated through their responses to the activities immediately prior to this (Activities B & C) and may have contributed to a lower overall self-assigned wellbeing rating at any given time. The conceptualisations of wellbeing in the brainstorm task (Activity D) reflected what these children broadly considered was ultimately needed to achieve higher (or at least more stable) self-ratings. The absence of the negative features and the dominance of the positive elements, in rationalising their self-assessment, suggests that wellbeing was a notion of aspiration.

While the sections above have explored the themes identified, the essence of wellbeing as conceptualised by each focus group, a clearer picture of what wellbeing means for these children can be presented by focusing on the results from the idiographic analyses. For ease of reference and to avoid unnecessary duplication by presenting the complete results of the four-stage idiographic analysis, the results for each session across all groups will be presented. This will provide the reader with the essence of wellbeing as unique to each of the focus groups within each session, as well as the essence of wellbeing when all the data gathered throughout the project is combined.

Analysis by session (idiographic)

Based on the themes identified in the discussions, the essence of wellbeing for each group could be represented by an overarching definition or summary. This definition was devised by the researcher after exploring the information obtained throughout the session and representing the information conceptually through concept maps.

Session One

The elements the children identified during session one aligned with many of the broader themes to do with wellbeing that were identified in the wider literature. This indicates that despite the children being largely unfamiliar with the word wellbeing (as described in chapter 6), they were able to decipher the notion in a way consistent with existing general conceptualisations of wellbeing as determined by adults.

There were some common elements reflected across each group's conceptualisations of wellbeing in the first session which are represented in the following paraphrasing.

Discussions surrounded '*doing things that I like that make me happy*' (group A1), '*what makes up the self*' (group A2), '*the protection and maintenance of wellbeing across physical (health), psychological (feelings) and survival (life) aspects*' (group B1), '*how well you can provide for your family*' (group C1), '*what makes you happy, being healthy and being good at things*' (group C2), '*what makes me happy and what I need to live*' (group C3), and '*how good you are at things you do*' (group D1). Through these summaries, it is apparent that some groups externalised their discussions (you) while others personalised it (me/I). While these summaries were determined by the researcher, the wording was chosen to reflect the essence of the ways the children in each group discussed and described wellbeing.

For some children it was apparent that the ultimate goal when it came to wellbeing was being happy or achieving happiness, and throughout the session they identified what needed to be done to achieve that goal (group A1). For other children, wellbeing could be considered a vulnerability in that it had the potential to be either strengthened or threatened depending on how well an individual's physical, psychological and survival requirements were met (group B1). Other children described wellbeing in terms of global (universal) characteristics as well as by its local (individualistic) features (group C2, group D1).

One group (group C1) discussed wellbeing within the context of a family unit. They identified that how an individual within the family behaved and acted impacted on the wellbeing of the family. For these children 'individual' wellbeing was considered to exist as part of, and in relation to, the family where the family unit acts and operates as one. To this end, the extent to which 'the family' can be provided for determines wellbeing.

The importance of the hermeneutic frame of analysis is highlighted for this group in particular, as the meaning portrayed by the children's written words and drawings presented a different idea to what they communicated verbally through their descriptions. Had the researcher not integrated these components when summarising and analysing wellbeing for this group, the overarching essence of wellbeing (from the researcher's perspective) would have been entirely different. The hermeneutic analysis therefore

enabled the meaning as communicated by the children to be explored in more depth than taking the drawn and written depictions at surface level.

During the individual tasks at the start of the first session, some children commented they had little knowledge of the word wellbeing. Because of this, the themes they initially identified could be representative of what was *important* for them, rather than what they considered wellbeing to be. This may mean that when the children initially considered wellbeing, their conceptualisation was the same as ‘what is important’. Alternatively, the responses the children provided in their initial conceptualisations may represent how the children chose to respond to a novel task such as the activities presented by the researcher.

Session Two

As described previously, session two was where the children were involved in the analysis of their own data. A description of how each group approached the task and the group breakdown was provided in Table 6. This section describes the essence of wellbeing for each group as acknowledged through the children’s analysis and importance rankings. Through the children’s analysis of their own data, wellbeing was considered in similar ways to the first session.

As noted in the session one description, the children’s discussions are paraphrased. The children presented wellbeing as *‘doing things that I like that make me happy’* (group A1), *‘what I need to survive and have (positive) relationships with others’* (group A2), *‘having the things I need to live and doing things I like that make me happy’* (group B1), *‘having what we need (to live) and what we like’* (group C1), *‘having positive relationships with others, being happy and healthy’* (group C2a), *‘your existence in the world, what you like and what’s good for you’* (group C2b), *‘being happy, belonging and having positive relationships with others’* (group C3), *‘what you learn from your experiences, relationships and feelings’* (group D1a), and *‘what you need to live, how healthy you are and how you feel’* (group D1b).

In this session, some children’s conceptualisations indicated that wellbeing could be considered as in a state of continual flux based on the individual’s subjective responses to and interpretations of situations and experiences. By this reasoning, individuals could experience (enhanced) wellbeing providing they were engaging in activities that made

them happy. By contrast, if what they were doing did not make them happy, then their wellbeing might be hindered or reduced. For other children, the ability for an individual to achieve wellbeing was dependent on the extent to which they could acquire the things they needed to survive (food, shelter, warmth) (Maslow, 1970) and the extent to which they belonged to social and/or family groups (group A2, group B1, group D1b). Wellbeing could therefore be influenced by the extent to which an individual's survival needs were catered for, as well as by the individual's ability to maintain physical health and feelings. The children described activities, interpersonal relationships and bad things as having the potential to impact on these areas.

The themes and rationales that the children provided for their analysis also reflected wellbeing as being catered for as long as the individual's basic (survival) needs were met and they were happy. For these children, wellbeing could therefore be considered a permanent, long-term structure that might be temporarily influenced (or fluctuate) based on short-term threats to how the individual felt. Wellbeing for these children was framed neutrally, with the emphasis being on aspiring to achieve enhanced (or positive, to use the children's word) wellbeing. To this end, wellbeing could be considered something that an individual always has, but the extent to which it can be subjectively described as enhanced or threatened (or, to use the children's words, positive or negative) is influenced by how individuals interpret and respond to the inputs they are presented with across the broader wellbeing domains (themes). It is inconsequential whether the inputs are temporary or long-term, as the individual's wellbeing is threatened or enhanced depending on how they respond to it.

In this session, one group's responses departed from the other groups' through their identification of five integral components making up their survival needs. The children identified the need for family, a home, nature, love and safety as crucial elements for survival. For these children, wellbeing could therefore be affected by how well their needs are catered for within the context of their family unit. Wellbeing for these children existed within their membership of the family, which was consistent with their session one conceptualisations (group C1). Another group, uniquely, acknowledged and emphasised (religious) spirituality as at the core of wellbeing (group C2b). This was justified as '*God created the earth*', with further discussion revealing that the children considered God to therefore be at the core of everything that existed. Based on the other areas these children

identified as important for wellbeing, the wellbeing of an individual is influenced by the choices they make across spiritual, psychological and physical areas. Wellbeing was considered something that an individual always has, as a permanent, long-term phenomenon, with any fluctuations or variations occurring at or above a permanent baseline.

Some groups framed wellbeing in a positive way and contextualised it locally. Wellbeing for these children was positively framed, something to aim for. Wellbeing was also described as having the potential to be affected by the extent to which their psychological and social needs were catered for.

The final way that wellbeing was discussed and considered in this session was being about both *what* is learnt and also *how* this knowledge is responded to and subsequently acted upon. The extent to which prior experiences inform future responses and decisions could impact on an individual's wellbeing in different ways. The potential for wellbeing to develop linearly in line with age and experience could thus be considered.

Session Three

As with the previous sessions, the themes identified in the children's discussions about wellbeing were consistent with those identified in the wider wellbeing literature. As this session went beyond the discussion of elements or components to do with wellbeing, the reader will be presented with the children's definitions for wellbeing in their own words. The following section provides the researcher-determined summary of the key themes determined by the group, so there is continuity in the way the data for this session is presented.

The children in group A1 defined wellbeing in a way that was consistent with how they had described and discussed it throughout the first two sessions. Their individual definitions contained items solely within the themes of experience and psychological. For these children, '*wellbeing is playing*' (Andrew, age 8) as well as '*feeling and being good, happy, angry, sad and having a good time*' (Ellie, age 8).

The children's conceptualisations of wellbeing across the three sessions did not develop or incorporate any additional elements, which could indicate two possibilities: that the

children did not seek to consider the topic (wellbeing) in any greater depth than they had already provided in the first session; or that through their consistent repetition of their two key themes, they may have been communicating their *importance* for wellbeing. They may not have acknowledged or discussed any other aspects of wellbeing because they did not consider them to be as important – or perhaps because they did not consider other aspects to be relevant for an adult (or adults) seeking to understand their views and perspectives on wellbeing.

For these children, wellbeing is about ‘doing things I like that make me happy’ (group A1). The researcher’s summary description of wellbeing for these children is confirmed by the group-determined definition: *‘wellbeing is feelings and happiness and having a good time’* (Group A1). Through their discussions, the children may be highlighting to adults how their wellbeing can be achieved or heightened. The communicated preferences may then act as a guide for adults seeking to enhance the wellbeing needs of children of this age.

The individual definitions provided by the children in group A2 presented a highly personalised focus: *‘wellbeing is what you think about yourself’* (Erica, age 11), *‘wellbeing is the things that you like and need to live your life’* (Callie, age 8). In their definitions, social and physical (health) themes were also mentioned. The researcher’s summary definition for this group sought to reflect the essence of the children’s individual descriptions: ‘how I feel about myself as well as having things I need and like’. However, this was not presented as strongly through the group-determined definition.

In determining their group definition, the children chose to combine their favourite aspects of each of the individual definitions. This was decided democratically by a vote. The group definition reflected the parts of individual definitions that the children considered most important, highlighting the personalised, physical and social aspects of wellbeing as discussed in their individual definitions.

The children in Group A2 wanted their definition to visually reflect dictionary definitions that they had seen for other words, and wrote their combined definition in the following format:

‘Wellbeing is:

- When someone or something is happy and/or healthy (mainly healthy, but you have to be happy)
- Something that will see what are the differences between you and others’

These children’s individual and combined (group) definitions reflect different priorities for wellbeing than were described in the first two sessions. Where positive relationships with others and having what they need to survive were highlighted throughout sessions one and two, when it came to determining a formal definition, the children’s conceptualisation developed to focus on personal characteristics. This reflects that while there are many aspects that may go together to contribute to an individual’s sense of wellbeing, the notion of wellbeing itself is something that is highly personalised and evolving. The aspects that were mentioned in the group definition reflect permeable concepts, suggesting that for these children wellbeing may be an aspiration rather than a tangible or fixed construct.

Group B1 showcased the most noticeable development in conceptualisation across the three sessions. This was not reflected just in what the children said, but also through the depth of discussion that they engaged in about wellbeing after they had formally defined it. Unlike the other groups, the physical (health) aspect of wellbeing dominated these children’s individual definitions: ‘*wellbeing is our health*’ (Callum, age 10), ‘*wellbeing is what keeps you healthy*’ (Tyson, age 12), ‘*wellbeing is my health and fitness*’ (Claire, age 11). The children’s individual responses also reflected psychological aspects: ‘*what you feel like*’ (Carly, age 10) and social and environmental aspects: ‘*wellbeing is taking care of yourself and others also the plants and the earth*’ (Libby, age 12). Throughout their definitions, the ideas of present choices impacting on future wellbeing, and wellbeing being a protective mechanism (like resilience), were also potentiated.

The researcher’s summary of the essence of wellbeing for this group is ‘the extent to which you look after your physical health, psychological health and environment’. The extent to which these aspects are considered and catered for in the current time have implications for the future for oneself and others.

Through voting, there was consensus that the individual definition that incorporated the most aspects of wellbeing relevant to the group was *'wellbeing is my health and fitness because that's what keeps me alive. My music and singing because it's academic and you can go far with it'* (Claire, age 11/Group B1). The depth to which the children explored wellbeing after determining the definition is discussed in the next chapter.

Throughout the first two sessions with Group C1, family and providing for the family was at the centre of the children's conceptualisations. The extent to which these were mentioned when later formally defining wellbeing was through only one child's definition: *'wellbeing is my house and being happy'* (Tessa, age 8). During the discussion and previous sessions, another child in the group had consistently used 'house' as a metaphor for family as it was the physical structure that enabled the family's basic survival needs and protection. The other children's responses reflected social and personal aspects, such as *'wellbeing is being cool with friends'* (Hayden, age 8) and *'your sense of humour'* (Tommy, age 8). A conflict between Hayden and Tommy before entering the research room may explain the focus on interpersonal aspects in their wellbeing conceptualisations. Throughout the session, Hayden was upset because of something Tommy had said to him. Tommy was trying to find out what he had done to make Hayden upset and indicated that Hayden may have misunderstood him.

Rather than showing development in conceptualisation in the third session, some definitions reflected a superficial and temporary depiction of wellbeing. Through their discussion, the children involved in the interpersonal conflict related what was happening to how it was affecting their wellbeing: *'stop saying that [that he's not cool], it's bad for my wellbeing you know'* (Tommy, age 8). At least for this session, it seemed that wellbeing for these children could be influenced significantly by temporary events. This would suggest that wellbeing is a volatile construct that is diverse and continually changing. Based on this session alone, the researcher's summary of wellbeing for these children reflects the 'pursuit of belonging and (positive) self qualities'.

The group voted on the definitions and decided that Tessa's individual definition was the most appropriate from the group's perspective: *'wellbeing is my house and being happy'* (Tessa, age 8/Group C1), which is consistent with how the children in this group discussed wellbeing in previous sessions.

The individual definitions of the children in group C2 predominantly reflected psychological aspects: *'wellbeing is a good feeling when you're happy'* (Timothy, age 10). Some of the responses incorporated positive experiences as well as physical and social aspects: *'Wellbeing is walking, swimming, beach party, dancing and talking'* (Neve, age 8). Collectively, the children's definitions broadly reflected 'doing social and physical things that I like that make me happy'. In determining the group definition, consensus through voting presented Amy's definition as most representative: *'wellbeing is being healthy and eating healthy and exercise'* (Amy, age 12/Group C2). Although the other children's definitions reflected psychological elements, they determined that the physical component was the most important when seeking a definition. This may have reflected their consideration of how wellbeing can be promoted. Where feelings and psychological elements were largely internalised and less tangible, focusing on health and physical aspects provided something tangible to conceptualise. The agreement may also reflect the focus in schools on physical and socio-emotional elements of wellbeing. It may be that the children recognised the presence of these aspects in their daily school lives and felt these elements should be reflected in their definition to demonstrate their knowledge of its application.

As in many of the groups, psychological elements dominated the individual wellbeing definitions for children in group C3. Their definitions focused on feelings and 'how you respond to experiences' (researcher summary). One of the children contextualised their definition that *'wellbeing is dogs'* (Trent, age 9) by describing being bitten by a dog at the park. This experience impacted on the child's wellbeing at the time and later. Subsequently, the feelings associated with dogs and going to the park for this child have meant that a place that he had previously considered to enhance his wellbeing now served to threaten it.

The children's responses were positively framed: *'wellbeing is happy things'* (Kevin, age 8), with some of the children reflecting the enhanced and deficit trends wellbeing could have and still be wellbeing: *'wellbeing is happy, sad, okay and scared'* (Hannah, age 9). The children's definitions also reflected acknowledgement that links internal and external inputs as having an impact on how an individual experiences wellbeing. Wellbeing therefore could be considered something that someone always has, but the levels to which their wellbeing can be considered heightened or threatened relates to their responses to the various inputs they are presented with. The group determined through voting that for their

combined group definition, Kevin's individual definition was the most suitable: *'Wellbeing is happy things'* (Kevin, age 8/Group C3).

The individual definitions for group D1 tended towards the psychological (self) and physical elements of wellbeing: *'wellbeing is how good you are'* (Hunter, age 8). Some of the children focused on the present: *'being a good painter'* (Danielle, age 8), while others acknowledged the future: *'wellbeing is your life and dreams'* (Mia, age 9). Wellbeing was framed as an aspiration, something that was ideal, which positioned the framing of the children's definitions in an enhanced (positive) way: *'wellbeing is good food, good mind, good think, every good thing'* (Charlie, age 11). The children determined their group definition by a vote, deciding that Tiana's definition was the most suitable: *'wellbeing is being healthy, feelings and having good things happen to you'* (Tiana, age 12/Group D1). Wellbeing for these children could be described as 'how well you look after yourself (body, mind, behaviour) and how you respond to experiences'. These ideas were consistent with the children's previous sessions in which they situated wellbeing as continually evolving and developing based upon interactions, experiences and personalised aspects. When contrasted with previous sessions, the positive framing in their definitions illustrates multiple dimensions as contributing to wellbeing, which remains an ideal to be reached.

Overall essence of wellbeing

There remains a significant challenge in being able to accurately condense and incorporate the ideas of 54 children across three sessions into smaller, coherent summaries in the form of definitions. However, doing this provides a succinct and clear idea of how the children's conceptualisations of wellbeing developed over time. Combining the key elements of each child's responses to create one all-encompassing description of wellbeing for each session serves two main purposes: it assists in presenting the part of the research question that seeks children's *definitions* for wellbeing, and it also assists in developing a workable definition for wellbeing that is currently lacking.

For ease of reference, the descriptions from session one have been summarised below (see table 7). These aspects have been discussed earlier in the Analysis by session (idiographic) section of this chapter.

Table 7
Session one summary

Group	Definition (researcher)	Themes	Sub-themes
A1	... doing things that I like that make me happy'	Psychological, Experiences	Social, Economic, Physical
A2	... what makes up the self	Psychological	Survival, Social, Cognitive Economic, Psychological,
B1	... physical and psychological health, as well as the extent basic survival needs are met	Physical, Survival Psychological,	Social, Spiritual Economic
C1	... how well you can provide for your family	Economic	Safety, Social, Psychological
C2	... what makes you happy, being healthy and being good at things	Psychological, Physical, Cognitive	Environmental, Social, Spiritual
C3	... what makes us happy and what we need to live	Psychological, Survival	Social, Spiritual, Experience, Environment
D1	... things that I like, things that I need and things that make me happy.	Psychological, Survival	Social, Health, Environment, Economic

Drawing upon the key aspects that the children described in their first session, a definition for wellbeing could be

Wellbeing is what makes up the self (survival, health, psychology, experience, economics, achievement, preferences); it is enhanced through personal aspiration spiritual development and through quality relationships with others.

This definition reflects the children's focus on psychological (self) and survival elements as dominating their initial conceptualisations of the key aspects of wellbeing. Throughout the first session the children placed different emphasis on each theme and sub-theme, which is reflected in the definition above. The definition focuses on the enhancement of self across the other domains listed (sub-themes) as described by the children.

In bringing together the key aspects of wellbeing as determined by the children in this second session, a number of similarities can be observed. Across all groups, wellbeing was contextualised locally, with only one group acknowledging a universal element. The key components of wellbeing were also consistent across the groups in that broad psychological, social, physical and survival aspects dominated the important elements of wellbeing. The children emphasised the importance of the social aspect of wellbeing more in the second session than the first. The secondary components of economic, cognitive, environmental and experiences were also acknowledged, but given less importance than the four key areas identified above. This reflects a development over time from the children's early conceptualisations of wellbeing to pay more prominence to the social aspect of wellbeing.

In considering the children's discussions of wellbeing holistically, wellbeing might be defined as consisting of the core elements (domains) of psychological, social, and physical being that are informed by the sub-elements of economic, environmental, cognitive, global and experience. The extent to which the individual's basic survival needs are catered for can be absorbed into the broader elements and sub-elements mentioned above to ensure that each need is catered for across each domain of wellbeing, rather than being its own distinct theme.

The children's individual definitions in the third session presented a clear dominance and focus towards the 'self' within the broader psychological domain. Coding the definitions based on theme revealed that 'psychological (self)' occurred in 45% of the individual definitions. This was determined by tallying the number of definitions where aspects to do with the theme of 'psychological' were mentioned. It does not take into consideration the number of times an item was mentioned within a single definition. Physical (health) aspects were mentioned in almost 20% of the individual definitions. The dominance of the psychological and physical components of wellbeing affirms the results from earlier sessions, where the children indicated psychological and physical aspects were highly important.

Where the results from the third session depart from those of the second session is in the decreased emphasis and importance on the social (relationship) aspect of wellbeing. The development of the way the children thought about wellbeing across the three sessions

may be more reflective of the questions asked than of the social/relationship element of wellbeing decreasing in importance. An alternate explanation is that the social aspect of wellbeing may be important in informing other elements, but is not essential to understanding wellbeing holistically. The increased focus on self rather than on relationships in the children's definitions may be more reflective of the interaction between social and personal elements as they seek to gain independence and affirm their identity. As Erikson (1950) suggests, children of tween age do this by engaging in interpersonal relationships to gain a sense of belonging among their peers. Social interaction enables children to develop their wellbeing through a sense of self and identity, but in defining wellbeing, the outcome rather than the process is the focus.

Throughout the third session, the children theorised about what wellbeing 'did' –what they considered the function of wellbeing to be. The children's responses all contained a positive affectation: that is, despite wellbeing having the potential to fluctuate and consist of enhanced and deficit trends, the purpose of wellbeing is a wholly positive thing. This challenges conceptualisations of wellbeing in the literature that consider it to be a synonym for happiness or to contain only positive aspects. It may be questioned whether such depictions of wellbeing are actually be defining and describing what wellbeing 'does' for a person rather than what it is. If wellbeing can be considered the holistic construct that incorporates positive, negative and neutral aspects within an individual's lifeworld, then its the function could be to maintain or enhance positivity and positive elements within an individual's overall experience of wellbeing. Alternatively, wellbeing may have no function other than as an abstract concept which individuals use to explain various aspects of their lives.

The children identified a number of examples to illustrate what could make an individual's wellbeing drop, which included '*being bad and disrespecting people*' (Ben, age 13), '*bad things happening to you, being sad, not healthy*' (Carly, age 10), '*teasing, calling me names, people hitting me and bullying*' (Hannah, age 9), '*losing confidence in myself*' (Erica, age 11), '*one of my family members passes away*' (Kevin, age 8), '*not being allowed to play games, or listen to music or watch TV, and not having any friends, and tests*' (Natalie, age 11) '*not eating healthy*' (Amy, age 12) and '*junk food*' (Tyson, age 12). The children's commentaries reflect the impact that negative social interactions and experiences can have on an individual's wellbeing. This again raises the idea of social relationships having an important role in determining an

individual's wellbeing, despite the lack of emphasis children placed on relationships in their definitions.

The children's comments reflect individual and social elements, which indicate that an individual may not be solely responsible for a determination of a lower sense of wellbeing. The importance of self, through self-awareness, self-care and self-perception, alongside the importance of access to technology, and positive relationships with others, were all identified by the children as important for the maintenance and sustainability of an individual's wellbeing. Further, the components that make an individual's wellbeing drop include internal (self) and external references. The children identified lack of power and control in matters that affect their life and wellbeing as contributing to an experience of decreased wellbeing. If these findings are transferred to children's current position and status, it could be argued that not inviting children to participate in discussions on matters that affect their lives contributes to their experiencing a decreased sense of wellbeing. Despite best intentions, by not involving them in conversations about relevant matters affecting their lives, adults may actually be decreasing children's wellbeing.

Conclusion

This chapter presented the thematic and conceptual findings of how tweens conceptualised wellbeing and discussed the key elements revealed in each session. Over the three sessions, each child's conceptualisation of wellbeing developed and became richer, as evidenced through their changing nomination of importance and relevance for various aspects of wellbeing. This may be because initially the children were engaged with a novel task where they were only able to provide surface-level reactions to a topic that they had not had time to reflect on or 'unpack' in their minds. This is not to say that the conceptualisations and themes provided in earlier sessions were incorrect; instead, it illustrates the children's capacity to conceptualise wellbeing in its complexity, as well as their capacity to *develop* this conceptualisation independently. The insights about wellbeing provided in the processes the children utilised to deconstruct their understanding provides additional depth and interpretation that goes beyond their initial reactions to the topic. By the end of the third session, the children demonstrate their ongoing process of reflection and deconstruction of wellbeing to develop a clear definition alongside its

various components. This is evidenced through the way each child's conceptualisation of wellbeing developed over time without any formal learning occurring.

Across each of the sessions in the group and individual conceptualisations, a new perspective and insight into wellbeing is gained. The analysis of each of the ways wellbeing was constructed by the children yields potential for the development of a workable definition for wellbeing. Throughout the children's conceptualisations, both the positive and negative trends that wellbeing has at any given time are acknowledged and objectively discussed, presenting an additional element to be considered by anyone seeking to define wellbeing in a practical way. The consistency and similarity in themes across each child's wellbeing construction makes it possible for universal components of wellbeing to be extracted consistently, and potentially across other contexts as well. This information may lead to the development of theory surrounding the nature of wellbeing itself.

The next chapter discusses these ideas further and contextualises the findings from this study within existing knowledge and literature.

Chapter 8: Discussion and Implications

Introduction

The following chapter discusses the findings presented in the previous chapters and synthesises the analysis of the key elements revealed throughout the children's conceptualisations of wellbeing. The central research question sought to investigate how tween children conceptualise and define the notion of wellbeing. The study invited the perspectives of 54 children from five schools in South-East Queensland, Australia. Through discussions with the children, the researcher obtained a number of insights relating to methodological implications for seeking children's perspectives as well as theoretical/conceptual implications for devising a workable definition of wellbeing that draws upon the children's perspectives.

The children's responses were consistently aligned with the broad understandings of wellbeing presented in available literature. The domains of wellbeing that featured most in their responses reflected the psychological, physical and social elements of wellbeing. The children identified that an individual's wellbeing is made up of both positive and negative effects of wellbeing that coexist at any given time. Through their responses, the notion of wellbeing as a process of accrual is also potentiated. This chapter provides a more detailed discussion of each of the themes, as contextualised by the current literature.

Components of wellbeing

At its core, this study has sought to explore wellbeing as relevant for children by drawing upon existing literature (chapter 4) and children's perspectives (chapters 6 and 7). The broad and multifaceted nature of wellbeing presented both by the children and in the literature has led to a range of interpretations and emphases that would benefit from being synthesised. Adult perspectives dominate much of what is said about children's wellbeing (Ben-Arieh, 2006). Limited research has asked children to provide an operational definition for wellbeing. There is alignment between the children's perspectives and the broader psychological, physical, social, economic and cognitive domains of wellbeing identified in adult literature (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; La Placa, McNaught & Knight, 2013;

Pollard & Lee, 2003; Ryff & Singer, 1998; Schickler, 2005; Urbis, 2011). This alignment affirms children's capacity to contribute in a meaningful way to discussions about their wellbeing.

Initially, the children expressed a level of difficulty in developing a definition, but this was still an important process as an acknowledgment that their contributions and insight can assist in a more practical definition for wellbeing that is inclusive of all stakeholders' perspectives. Of the five general wellbeing components commonly identified in adult wellbeing literature, four featured prominently in the children's conceptualisations of wellbeing: psychological (self), physical (health), social (relationships), and economic/environmental (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; Pollard & Lee, 2003; Ryff & Singer, 1998; Schickler, 2005). Cognitive aspects did not feature extensively in the children's conceptualisations and discussions. These results are consistent with other, albeit limited, research with children on their wellbeing (Fattore, Mason & Watson, 2007; NSW Commission of Children and Young People, 2009).

Self and relationships

Trends revealed in the information shared by the children indicate a significant increase in the importance given to self in the children's conceptualisation of wellbeing from the first to the final session. While the children acknowledged social aspects when considering wellbeing broadly, this was not the case in their definitions. The initial significance children placed upon the social determinants of wellbeing in this study supports previous research that claims relationships are important to children of this age (Adams, 2012; Mayall, 1994; Sargeant, 2005, 2007, 2008; Schickendanz et al, 2001; Smith, Cowie & Blades, 2011; UNICEF, 2007).

The synchronous increase in the importance of self and decrease in the importance of relationships is indicated by the frequency with which an item coded within each of these themes was nominated, as well as the children's specific identification of an item as important. This trend may be best explained by considering how each conceptualisation developed across time. Each child's initial definition of wellbeing may represent what was important at that point. The children justified their responses within the context of specific isolated events or experiences that they used to illustrate the main points made.

They present wellbeing as a construct that is highly unpredictable and heavily influenced by situational or isolated events. Conceptualisations of wellbeing in the first session tended to focus on events, circumstances and interactions that were based on the child's most recent experiences and memories. It was not until the third and final session that responses reflected a more holistic conceptualisation, one that moved beyond short term situational contexts. For example, an initial conceptualisation of wellbeing nominated '*going to SeaWorld*' as something that represented wellbeing for that child. The child used the specific example of SeaWorld to illustrate the fluctuations and potential for enhancement to their wellbeing. Although the experience of going to SeaWorld may not happen all the time, the child acknowledges that they have wellbeing. This example represents how upon an initial investigation of wellbeing, isolated events can contribute to how these children conceptualised the quality of their life at one point in time.

The children's conceptualisations developed over the course of the three sessions from initially considering wellbeing as a short-term affect to determining wellbeing is something that was more long-term and enduring. The notion of emotional and physical stability gained prominence as the sessions progressed.

The prominence of the social aspect of wellbeing decreased by the third and final session. Despite the children choosing not to include social aspects (such as relationships) in their final definitions, their discussions in the first two sessions indicate that they considered the social aspects both relevant and important for wellbeing in some way. In explaining their definition, the children placed heavy emphasis on the importance of self. The absence of the social element from their definitions indicates that the children deemed it unnecessary to put these in their definitions, instead choosing to focus on the self aspects. This finding reiterates the importance of seeking children's descriptions alongside the content of the specific data they record. The meaning of the children's definitions may change when their verbal descriptions are analysed alongside their written communications.

The definitions at face value alone reflect a personally oriented, self-focused and self-interested framing. However, the children's descriptions and explanations of their definitions make it apparent that this is not the case. The children's attention and emphasis on relationships as important for wellbeing remain high throughout their

discussions and conceptualisations, even when they are not linguistically represented in their written definitions.

The children's conceptualisations of wellbeing developed over time, with focus shifting from single, isolated moments towards a more holistic definition. Their definitions were framed in terms of 'quality of life', a transferable construct that is not *permanently* affected by single events in time.

Conceptualising wellbeing in this way emphasises wellbeing as experienced holistically where socially relevant support is more easily provided. Understanding wellbeing holistically better enables provisions for children's wellbeing to be evaluated across common criteria. Models of wellbeing for children are often considered in terms of well-becoming and focus on the qualities or traits that they are missing, ignoring children's view of their experienced lifeworld (Crivello, Camfield & Woodhead, 2009; Fattore, Mason & Watson, 2007; Jones & Sumner, 2009). In seeking to develop a workable definition for children's wellbeing, the children's communicated views and experiences of their lifeworlds need to be acknowledged.

During the discussion phase of this study, the children adopted a broad view of the construct, with social (relationships) being particularly prominent. During the definition phase, however, the children tended towards an individualised focus that narrowed the discussion and personalised the holistic nature of wellbeing. When formally defined by the children, the notion of wellbeing contained a stronger personal orientation than when they discussed wellbeing more broadly. The children's general conceptualisations of wellbeing contained significantly fewer references to 'the self' as a context than when they discussed wellbeing for the purpose of definition. When the conversation was extended further, other factors came into play.

There were many unique elements included in the children's depictions and descriptions when they discussed wellbeing in a general sense. While the theme of social (relationships) was hardly nominated specifically in the children's formal definitions of wellbeing, it was identified during their explanatory and initial conceptualisations of the construct (sessions 1 and 2). In the initial sessions, the children took the opportunity to identify as many aspects of wellbeing as they could. In the final session, they placed greater emphasis on refining these elements.

While adults have emphasised the social determinants of wellbeing for children (ARACY, 2008; Bottrell, 2007, 2009; Bradshaw, Hoelscher & Richardson, 2006; Coppock, 2013; Fraillon, 2004; Ipsos Mori & Nairn, 2011; Sargeant, 2010; Ungar, 2004; UNICEF, 2007, 2013; Wickstrom, 2013), the children in this study placed emphasis on the association between the social (relationship) aspects and their overall wellbeing. From their perspective, the role that relationships have in determining an individual's wellbeing may be separate to what an individual's wellbeing actually is.

Physical presence and future

The conceptualisations presented in this study affirm that the nature of wellbeing is indeed complex and multifaceted (Diener et al, 1999; Michalos, 2008; Pollard & Lee, 2003). The difficulty in formally defining wellbeing stems in part from the apparent misalignment between the things that have to do with or *contribute to* wellbeing (combining factors), and what wellbeing actually *is* (as a noun in its entirety). It also leads to the question whether wellbeing should be considered and defined as a noun or a verb. That is, is wellbeing what you *are* or what you *do*, or something else entirely? This research suggests that the children consider wellbeing to be both what you are *and* what you do. They explored this through their identification of the physical, present and future elements of wellbeing.

The children identified aspects surrounding physical (health) as important for wellbeing, which is consistent with findings from other research conducted with tween children (Fattore, Mason & Watson, 2007; NSW Commission of Children and Young People, 2009). However, in this study the children often associated the physical elements of wellbeing with the context of their current and future selves. They indicated an awareness of the influence of present-day experiences on their futures. This indicates they considered the present to be important for both their present and future functioning. These children conceptualised their childhoods as a time of both *being* and *becoming*, and explained this with reference to the physical components of wellbeing; through reference to objects, experiences and things that were happening in the present such as '*playing with friends*', '*homework*', '*watching TV*', they conceptualised wellbeing as a time of being.

Simultaneously, wellbeing was conceptualised as a time of becoming as the children reflected on and projected various futures, to expected and hoped-for outcomes for

themselves and society as a whole: '*peace around the world*', '*everyone being happy*', '*dying*'. The associations between physical and contextual elements reflect how the children communicated their lived experience of *beings* in the present and as preparing for the future in being *becomings*. When seeking to draw upon children's perspectives to develop a definition for wellbeing, the associations between children's own experiences of being and becoming are important to incorporate.

The conceptualisations of wellbeing provided by the children suggest an acute awareness of wider societal issues. Based on the analysis of the data, the futures the children presented throughout their commentary reflect a pragmatic rather than an idealistic, romanticised viewpoint. Each child's conceptualisation of wellbeing is informed by three points of access: they access their prior experiences, they access their present condition, and they access their expected and optimal future in determining their conceptualisation.

The past represents a notion of accrual and the future represents the expected continued accrual of experience where an individual is able to accumulate experience which then becomes the individual's past. It is important to recognise that when considering the notion of wellbeing, the children did not respond in a way that was solely reflective of the present or their immediate experience of subjective wellbeing. They responded based on their prior knowledge and experience; they made projections, and used the past to inform the future in terms of the potential for wellbeing to be accrued. The way the children positioned their discussions in terms of past, present and future wellbeing provides additional evidence that wellbeing was being considered as part of an accrued process.

For some children, the experience and current condition of their own lives was contextualised with reference to those around them who might be less fortunate. They used this to reference their own wellbeing and conceptualisation. This contextualisation reveals an additional perspective on how children conceptualise wellbeing within their personally experienced lifeworlds. The children's holistic or overall conceptualisation of wellbeing as contextualised by orientation (past, present, future/realistic, optimistic, pessimistic) therefore impacts on how they interpret and respond to each of the aspects of their lives as relevant for wellbeing.

Some of the children's responses exhibit a viewpoint that could be interpreted as a pessimistic view of the future. However, upon analysis it is apparent, that instead, the

children had a pragmatic approach to their discussions of the future. The children discussed the future in a neutral way, focusing on presenting facts and knowledge based on observations and experience to support their responses. For example, *'If anyone asks how your life is going, say 'the same as everyone else's ... we're all going to die in the end''*. The children removed connotation and feeling from their considerations of life and death. In doing so, they discussed death as a neutral, natural occurrence that cannot be avoided regardless of feelings or actions, as aligned with an existentialist view of the world (Heidegger, 1962).

Discussions such as this illustrate how tweens are capable of engaging in deep, complex thought about difficult matters and are not driven by emotions or selfish needs as suggested in some literature (Smith, 2011a; Smith, Christoffersen, Davidson & Herzog, 2011). The children identified negative experiences and confrontations, such as the drawing of someone being shot (Figure 10), but these were not discussed in the obvious context of life or death. Instead, the children discussed these and other events that appeared negative as bad experiences, revealing an apparent optimism in that these experiences were considered in relation to their potential to have been worse.

The children tended to agree with many of the broader components of wellbeing contained in the literature, which supports the view that children have the capacity to conceptualise complex issues. They demonstrated their ability to describe many of the features of wellbeing as found in adult conceptualisations of the term. The children's views provide additional insight to understanding wellbeing through the multiple layers and depth revealed throughout their discussions. Additional evidence of the credibility of children's views is thus provided. This is evident even when considering children as having varied capacity. An alternate reading of the alignment between the children's view and existing literature may consider the information presented by the children about wellbeing as a regurgitation of an adult's perspective. This could be due to the perception that children acquire much of their information from the adult world (Ben-Arieh & Boyer, 2005; Blankemeyer, Walker & Svitak, 2009).

The children consistently indicated that wellbeing is not something that they had specifically been taught or told about in any formal or structured way. Such acknowledgment indicates that any knowledge or understanding of wellbeing that they had was acquired outside formal education programs, through informal sources. This

could have been through observation, or through their inherent understanding of wellbeing based on how they interpret the various inputs that are presented to them throughout their lives. Despite not being formally taught, their understanding of wellbeing supports the view that children have a greater understanding of their world than adults may ascribe to them (Sargeant, 2005), and have the ability to conceptualise and describe things about which they are not normally considered knowledgeable.

Wellbeing as aspiration

While their initial *descriptions* of wellbeing contained positive, negative and neutral elements, the children's written definitions for wellbeing were wholly positive. However, when they discussed their *definitions*, they identified wellbeing as having the potential to be positive, negative and neutral. Throughout the study, the children's responses moved from *descriptions* of wellbeing that clearly identified positive, negative and neutral components to *definitions* that were positively focused. The children used the terms 'positive' or 'good', 'negative' or 'bad', and 'neutral' to specifically align certain items contained in their descriptions or drawings with a directional sentiment. They clearly identified that wellbeing could be heightened or threatened. The multifaceted functions of wellbeing were explored in the final session when the children identified what wellbeing does, what causes it to drop, and what prevents it from dropping.

The formal definitions of wellbeing that the children provided throughout the discussion offer two key insights. Firstly, they focus consistently on aspirational elements of wellbeing. This was particularly highlighted by the children in the third session. Secondly, despite an overarching optimistic and aspirational definition, the children recognised that other factors come into play and can impact on the achievement of the overall positive impact of wellbeing. That is, wellbeing is not always going to be a positive thing; that is something they acknowledge and are comfortable with.

Through understanding that:

1. Children are generally optimistic, and
2. Children also have a level of pragmatism and are much more aware of the social, physical, intellectual, mental and other factors that can impact on their achievement of something they are aiming for (wellbeing),

adults may be able to obtain a clearer understanding of how children conceptualise and experience wellbeing as a continual goal with short-, medium- and long-term indicators. Their descriptions reflect an understanding that acquiring wellbeing is not easy to achieve and may be fraught with a range of potential issues and fluctuations.

The children's definitions of wellbeing are aspirationally focused, and reflect the interplay between the factors that can either heighten or threaten the aspiration. Through their descriptions and definitions, they present wellbeing as both a goal and a challenge. When they describe and discuss wellbeing holistically and as a noun (thing), they overwhelmingly consider it to be something that everyone should strive for. When the process to achieve that goal is discussed, both the inherent challenges and opportunities involved in this pursuit are identified by the children. Such maturity in consideration of the complexity of wellbeing reflects an understanding that cannot be considered naive. It reflects an inherent depth in children's capacity to discuss complex social issues that affect their lives:

I think we need to have an extra class that everyone is compulsory to take about bullying, not just values ... in high schools you like watch on the news kids get beaten up and killed every day ... and also if you're a bully, you're going to beat someone up and that leads to depression and depression lead to suicide and suicide leads to unhappy parents. (group E3 discussion)

There was a noticeable difference between the children's *definitions* and their *descriptions* of wellbeing. The children's *definitions* were contextualised within a positive focus while their *descriptions* identified clear positive, negative and neutral components.

When they came to formally define the construct, the children made the decision to exclude negative and neutral aspects discussed in earlier sessions; this is evidenced in the wholly positive framing of their written definitions. By focusing on the positive and aspirational elements of wellbeing, the children's definitions reflect an alignment with a positive orientation or futures focus, rather than deficit view (Ben-Arieh, 2006).

The children's *definitions* are positively focused and align with adult definitions that wellbeing is a positive thing. However, within the path to wellbeing, the children express dissatisfaction with wellbeing programs currently in place: '*Considering that we haven't learnt that much about it [wellbeing], well ... coz, we do learn tonnes about it, but we don't actually know that*

we're learning about it ... so we don't know how to react to it' (Group E2 discussion). This may be due to the way that children's wellbeing is given a positive focus in many of the school-based programs. Such focus tends to position wellbeing solely as an aspiration or goal. Through the children's discussions, it can be determined tweens can provide a comprehensive explanation and definition of wellbeing and its multifaceted nature.

Both the definitions and information the children provided can be viewed as representing a comprehensive and thoughtful consideration of wellbeing. When the descriptions are explored further, it is clear that the children consider a number of conditions as needing to be met in order to 'achieve' wellbeing: *'If you can create a better environment for yourself, it makes you happy, which helps other people's wellbeing, because they can get onto what they want to and maybe discuss what you've done. Tell them, and then they can discuss it at home and we can have a good school without any bullying or anything!'* (group E3 discussion).

It can then be questioned whether, by the children's definition, an individual could be considered to 'have' wellbeing if the positive framing is not acknowledged or evident. As described by one of the children, *'for the dictionary [definition for wellbeing] you should just put 'what do you think it is?' Positive **and** negative OBVIOUSLY. It can be both. Positive **and** negative coz you always have it'* (Tyson, age 12). From this it can be seen that the children are aware that while wellbeing exists as a goal, the contributors to achieving the goal contain positive and negative aspects than can be reconsidered as risk or protective factors (Conti & Heckman, 2012; Kieling et al., 2011; Smith, Cowie & Blades, 2011).

The children's definitions reflect both the idea of wellbeing as a goal (a goal-oriented focus) and wellbeing resulting from combining factors to form a holistic concept. If considering this conceptually, the process of achieving wellbeing could be described as a 'wellbeing emulsification'. Through the children's discussions following their definitions for wellbeing, they may have considered it to be 'obvious' (as quoted above) or common knowledge that wellbeing exists in both positive and negative states. This may explain why they chose not to reflect the changing nature of wellbeing in their definitions, instead having them (as opposed to their descriptions) reflect a positive focus. Evidenced by what the children said, it is apparent that the elements of wellbeing cannot stand alone and must be substantiated with often rich and detailed descriptions for it to be operationalised. This may explain why consensus surrounding a clear definition for

wellbeing has not been achieved (Crivello, Camfield & Woodhead, 2009; Dear, Henderson & Korten, 2002; La Placa, McNaught & Knight, 2013; Jones & Sumner, 2009; Pollard & Lee, 2013). The children's commentary offers an elaboration of wellbeing that is better understood as a neutral phenomenon than represented directionally as either positive or negative: an individual should be considered always to have wellbeing. It is through the descriptions and deconstructions of wellbeing provided by the children that this idea can be explored. In particular, the children express the range of factors that enhance or challenge an individual's ability to 'achieve' wellbeing. The way these inputs inform and influence the ways an individual's wellbeing can be constructed therefore acknowledges the elements of past, present and perceived (ideal or expected) futures. The notion of wellbeing as an accrual process (Swan & Sargeant, 2010) may provide a better way to understand the effect these inputs have on an individual's overall wellbeing even if the degree of enhanced or deficit indicators vary, and it is worthwhile to explore the children's descriptions of wellbeing from this perspective (Swan & Sargeant, 2010).

Accrued wellbeing

The descriptions and depictions the children provided when discussing wellbeing, such as *'It can be both. Positive **and** negative coz you always have it'* (Tyson, age 12) lead to questions on how the notion of wellbeing can be operationalised and defined, particularly as relevant for children. The theory of accrued wellbeing (Swan & Sargeant, 2010) was originally developed in response to the initial analysis and unpacking of the results from the group conceptualisations of wellbeing (type 1 data collection). The theory of accrued wellbeing represents

An individual's capacity to manage over time the range of inputs, both positive and negative that can, in isolation, affect a person's emotional, physical and cognitive state in response to a given context. (Swan & Sargeant, 2010, para 9)

Accrued Wellbeing (AWB) fluctuates between the threatened and heightened states of subjective wellbeing, but cannot be extinguished. Instead, AWB is informed by experience and developed with age linearly, and so maintains a progressing baseline. This is an important consideration when developing support services that focus on wellbeing as it underlies the need to consider carefully each individual's personal circumstance including age, context, experiences and environment. The 'one size fits all' wellbeing

approaches that are applied for larger interventions and preventative programs may be not as effective as they could be. This is reflected in the children's discussions about wellbeing, presented in chapter 7. The children continually reconsider the permanence and longevity of wellbeing across different contexts and inputs.

Their discussions of wellbeing provide additional clarity about and support for a concept of AWB that encompasses the overall, holistic, subjective, experience or state of wellbeing. This can be heightened or threatened, depending on how the individual responds to and experiences the range of inputs or stimuli. The children provide numerous examples throughout their discussions, *personal wellbeing ratings* and *rating reasons* of how wellbeing exists as an overall state with temporary affects that influence one's subjective experience at a given time: self-assessment of wellbeing fluctuates according to the nature and degree of input. An individual's overall wellbeing may be threatened in the short term, so that a subjective self-assessment of wellbeing may significantly contrast with the AWB.

In Accrued Wellbeing, the 'individual' represents the context of the measurement of wellbeing and can refer to a person, group, community, culture or society. While the word 'individual' can refer to a collective such as a family unit or community, the fundamental nature of wellbeing relates to the subject's ability to manage the range of inputs for their particular context. This understanding of the 'individual' is important to clarify, particularly when explaining movement in the children's conceptualisations of wellbeing towards a focus on self rather than relationships when determining how the word should be defined formally. The increased acknowledgement of self, and the contextualisation of the 'individual', reflect the interplay between relationships and self. Understanding the 'individual' in this way contributes to flexibility in considering wellbeing as a process of accrual across different contexts, and is supported through discussions in which the 'individual' was considered collectively as a member of the family unit, as described in chapter 7. The 'individual's' wellbeing should not be considered as separate to, or distinctly different from, the 'individual' as member of a family unit. For these children, 'individual' wellbeing includes the idea of the family acting as a cohesive unit.

The key themes identified in the discussions with children about wellbeing represent the wellbeing 'inputs' across physical, psychological, social, environmental, economic,

cognitive and experiential domains. There are three ways that each type of input is influenced:

1. by the experience of the ‘individual’ (as defined above)
2. by how the input is acted upon (past tense), and
3. by how the individual acts upon it (present tense).

People may experience low wellbeing based on a subjective assessment of their psychological or emotional state. This may make them consider the input as dominating and seeming to overpower the capacity-building effect of other inputs, which may include social support, physiological health and economic condition.

Despite fluctuations in subjective determinations of an individual’s wellbeing, even those believing they have no wellbeing do have it in some capacity. A subjective assessment may ignore the protective effects of other elements, and the effect of such self-assessment may put a person at-risk and in need of external support. The children’s wellbeing rating reasons [Activity C] support this through the rationales and contexts provided for their ratings, and by the rate of divergence from or similarity to previous ratings they had provided. Even when their ratings were at their lowest numerically, the children indicated that they had some form of overall wellbeing across other domains. In drawing upon their recollections and interpretations of current experiences, the children’s commentary and final definitions support the notion of wellbeing as an accrual process.

The children’s definitions considered situational, past, present and future elements. They recognised that while their subjective wellbeing may sometimes be threatened in the short term, this is not necessarily a measure of their holistically ‘accrued’ wellbeing. Further evidence supporting this comes in the form of the subjective ratings and rationales of their own wellbeing ‘today’, measured at the beginning of each session. Each of the responses provided by the children recognised and responded to immediate situational factors experienced at one moment in time. However, upon reflection and re-consideration, the children often altered their initial rating to reflect where they felt their wellbeing sat in relation to self-identified past and future contexts: *‘I gave a 10 because today I was at the start of the day I said hello to [teacher] and then ... wait there, I’m going to give a different rating. Going to give it a 6 because I wasn’t listening to the teacher a bit today and I was drawing when*

the teacher was learning accidentally and I asked Miss if I could draw and she said no, so 6 now'

(Hayden, age 8). The children considered their future contexts alongside the limits to wellbeing, and did so in a detached way.

The children in group B1 identified wellbeing as existing at all times while a person is alive, which warrants further consideration of the existence and presence of wellbeing beyond life. As illustrated in the extract below, these children began to discuss the relationship between life, survival and wellbeing:

Tyson: We'd be dead if we didn't have wellbeing

Libby: It's been proven by scientists that everybody has wellbeing

Callum: If you don't have wellbeing, you're dead.

Claire: Yeah, if you don't have wellbeing you're pretty much dead and don't have a soul

Tyson: You could [have wellbeing if you're dead], just other people won't be able to see it.

Libby: People could see it, people can see if you have wellbeing, like if you're perky. Your friends can see that you're staying healthy and things

Tyson: You could still have wellbeing if you're dead because your body doesn't look any different, but ... you know how people can still feel the presence of other people that have died in the past and stuff like that? Well you know how people think you go to heaven and stuff, well you still have wellbeing up there ... definitely.

Libby: Yeah, 'you' [air quotation gesture] have wellbeing up in heaven but your body doesn't any more once you die.

Claire: Your soul is your wellbeing

Libby: Wellbeing's what keeps you alive.

In this discussion, the group considers the multidimensionality of wellbeing. They describe an individual's physical wellbeing as having the ability to be extinguished by death, but other dimensions of wellbeing, including 'soul', continue after the physical body has 'died'. Through the discussion, these children consider wellbeing with greater depth than in previous sessions. They explore the multidimensionality of wellbeing and the possibility of wellbeing in an 'afterlife'. They adopt a position in relation to philosophical and spiritual perspectives to conceptualise wellbeing beyond the surface level understandings of the 'known' world to a realm of greater complexity and

uncertainty. This group determined that while there is an integral relationship between living and wellbeing, acknowledging that wellbeing consists of more than what is present in the individual's physical being, and human life remains relevant.

This group considered wellbeing to be what keeps a person alive on earth and what continues after their physical body has died. The discussion supports the possibility for wellbeing to be considered as a process of accrual that is extinguished for the physical body by death, yet has the potential to exist after death. The depth and complexity of this interaction serves as further evidence of children's capacity to bring meaning to complex topics. In an earlier session, this same group (B1) reflected on the future in a pragmatic and philosophical way:

Libby: You can't know the future

Callum: Why not?

Libby: Because if there's no future, there's no mystery and if there's no mystery, there's no point to life.

Wellbeing and life are integrally related in the children's commentaries throughout the study, supporting the idea that wellbeing is multifaceted, flexible and ever-changing (Michalos, 2008; Watson, 2010; Weston, 1999). An acknowledgment of the relationship and impact of previous experiences on an individuals' current perception of their present state of wellbeing was also communicated by the children. The evidence provided through the children's discussions about wellbeing render each of the inputs (described above) as able to affect an individual's wellbeing in isolation. When considering such elements as the time, frequency and intensity of each input, additional understanding can be obtained about how these can threaten or heighten any or all of an individual's AWB.

The children demonstrate through their ratings and justifications that while temporary inputs may affect an individual's wellbeing to varying extents, they alone cannot extinguish it. As their discussion illustrates, wellbeing may not even be extinguished after a person dies.

As White (2007) discusses, the effect that both temporary and long term situational changes have on an individual's subjective wellbeing indicates an acknowledgement that wellbeing is not a fixed concept. These ideas are reflected in the children's commentary on the multifaceted nature of wellbeing and its associated components. The children

considered wellbeing an enabler, a state of readiness and capacity-building. Considering wellbeing from the perspective of AWB permits a classification that may represent how children's wellbeing may be different from adults'. Focusing only on measurable, objective aspects of wellbeing such as its physical traits and characteristics, or specific components of the subjective experience such as socio-emotional wellbeing, results in a limited understanding of wellbeing as conceptualised by children.

The experience of wellbeing

In the children's responses, wellbeing could be explained in terms of aspiration. As evidenced in the literature, the assessment of a person's level of wellbeing can be ascertained through a range of measures such as observational analysis or self-report (ARACY, 2008; Ben-Arieh, 2006; Bradshaw, Hoelscher & Richardson, 2006; Fraillon, 2004; OECD, 2013; Pollard & Lee, 2003; UNICEF, 2007, 2013). However, given the variances in personal and immediate experience, wellbeing will always maintain a level of subjectivity when discussing self as opposed to 'other'. The children's commentaries describe the conditions required for an individual to experience wellbeing are not solely determined by demographic and social characteristics such as age, gender, culture, class, experience, intelligence or ability. Instead, if considering the achievement of wellbeing as an aspiration it is essential that key criteria for wellbeing enhancement be identified, criteria that are independent of the impacts of short-term subjective mood change and motivational variations.

Wellbeing entails many of the character traits associated with development in childhood. Traits such as coping, problem-solving, conflict resolution, self-efficacy, internal locus of control, autonomy and resilience are reflected in the children's conceptualisations of wellbeing in this study. The children provide a realistic, rather than idealised, reflection of the positive and negative aspects of wellbeing, and this serves to demonstrate their capacity to consider situations from multiple perspectives and acknowledge the multifaceted nature of wellbeing in their conceptualisations (Diener et al, 1999; Pollard & Lee, 2003).

The children allude to the importance of resilience both in their discussions of wellbeing and in their drawings. As evidenced in a range of research, the more resilience is developed in childhood, the greater the ability for an individual to recover and remain

strong during difficult times (Australian Catholic University & Erebus International, 2008). It is important to note, however, that resilience does not equate to wellbeing, but is both a contributor to and a result of wellbeing development. The children differentiate between these concepts through their personal ratings and reasons for their ratings, as described earlier.

Throughout their discussions, the children acknowledged the potential for wellbeing to be different for children and adults: *'[adults] have their own form of wellbeing and they might think different to us ... so what we think will make it better can be different to what they think will make it better ... they tell you to do stuff because they feel that's the right way but they never actually ask you what **you** think is the right way'* (group E3 discussion). If wellbeing is experienced differently for adults and children, then the children's insights provide additional information, enabling adults to understand wellbeing for children: *'I think schools need like extra classes after school where parents come in and they get taught how to like, not be mean to their kids and stuff ... not at school, there should be a special society for parents ... like parents ed ... so their kids feel better and more safe'* (group E3 discussion). This commentary describes the importance of not only defining wellbeing for the purpose of having a definition, but also of ensuring that the wellbeing programs, policies and provisions in place for children are effective and include their perspectives on their needs can be catered for more effectively. In Fattore, Mason and Watson's (2007) study, the children indicate the importance of autonomy (along with other characteristics) that contribute to their experiencing a positive sense of wellbeing. Both the children in Fattore, Mason and Watson's (2007) study and the children in this research identified the ability to make choices and be involved in decision-making about their lives as relevant to their wellbeing *'[advice to adults about wellbeing] I dunno, they probably wouldn't listen ... if we start to go on they'll get bored and just walk away'* (group E5 discussion).

The children discuss the desire to be included in matters that affect them. They express the *want* to be involved in discussing important social issues but are provided limited opportunities to do so. The children identified the limited opportunities for them to express themselves and provide their opinions on matters of importance to their lives, particularly in school contexts.

Wellbeing in childhood

Many schools have adopted programs that are supported by national, local and community provisions to promote or reduce factors believed to impact on a child's wellbeing. However, Pollard and Lee (2003, p. 62) point out that "wellbeing is a term that is commonly used but inconsistently defined in the study of child development." It remains, therefore inconclusive whether wellbeing policies and programs in place in Australian schools actually address children's wellbeing needs. This is particularly relevant when children's views and perspectives remain largely absent from the development, formulation and understanding of wellbeing in school contexts, as is shown in the literature review. While intervention and prevention programs are important, a clear definition of wellbeing needs to be developed that includes the children's conceptualisations of the term. Determining whether current methods of addressing children's wellbeing are actually meeting their needs, particularly when seeking to assess the efficacy of different programs, would likely benefit from the inclusion of children's views.

Within a context of a "growing national and international awareness of the need to understand and represent the complexity and multi-dimensional nature of children's lives in a way that is easily understood by different stakeholders" (Hanafin et al., 2007, p. 79), the results from this research offer significant insights. The commentaries provided by the children highlight some key elements missing in many of the contemporary provisions for children, particularly in education. The children's views and perspectives on wellbeing demonstrated a depth of complexity and sophistication in identifying such areas. The multifaceted nature of wellbeing and its simultaneous enhancement and deficit components are emphasised in their discussions. Of critical importance is their recognition that their own perspectives are largely absent despite their sustained and significant desire to be included.

The drawings and discussions provided by the children (chapters 6 and 7) present wellbeing as a state of readiness in which an individual can thrive, repel, confront, embrace and cope with a range of information presented to them all at once. As suggested by Sargeant (2007), it is thought that children can fulfil the tasks of childhood by applying such mechanisms as an 'importance filter' even in the face of traumatic

experiences and observations from the adult world. Children remain largely optimistic about the future, even when surrounded with seemingly negative societal inputs, as illustrated and subsequently described in the children's drawings of *The 'death machine'*, *The rollercoaster* and *Confrontation* (Chapter 7). Consulting directly with children and involving them in determining their wellbeing needs can serve to benefit both them and the adults trying to help them, particularly when it is accepted that children's views and perspectives can be sought on complex issues and the children *want* adults to take an interest in what they have to say.

Children's capacity

As each child's conceptualisation developed in sophistication and coverage over the period of the study, their ability to conceptualise the complex topic of wellbeing, if offered an appropriate time frame, was actualised. Their evolving conceptualisations present a picture of the child as having capacity and complexity in thought and an ability to communicate a developed understanding of wellbeing. Had data only been collected from a single session, the *process* of the children coming to a rich conceptualisation would likely not have occurred. Such process may be missed in research endeavours with children that do not give them enough time to think or engage with the topic (Einarsdottir, Dockett & Perry, 2009).

A significant advantage and key element of this study's design was the allocation of multiple sessions over an extended period of time. While the main themes generated during the first session remained similar throughout, the children gave them varying degrees of emphasis depending on the focus tasks of each session. Each subsequent session was critical in providing opportunities for children to build on their initial, sometimes apparently superficial, responses. As the sessions progressed, the responses can be seen to develop greater sophistication and deeper richness. By providing opportunities for the children to reflect and provide a considered perspective on a single topic over a number of sessions, they were able to think more deeply and in a considered way about wellbeing. This time aided in their developing their responses through a continued process of knowledge generation, which reflects the constructivist model of learning (Bruning et al, 2011; Piaget, 1954; 2001; Vygotsky, 1978; Woolfolk & Margetts, 2013).

The children's conceptualisations tended to develop from concrete to abstract/intangible as they drew upon their recollection of the discussions and deliberations in the earlier sessions. Having the time to think and consider a single topic over three separate sessions allowed them to consider it in depth. It is reasonable to expect that any of the themes identified in this project could be explored even further with the provision of more time; indeed, perhaps by session three the deepening understandings of wellbeing being expressed by the participants were only just beginning to emerge. However, even by then these understandings were evident, and for the purposes of this study no further sessions were needed.

Over the sessions, the children exhibited their capacity and ability to conceptualise wellbeing in a meaningful way and show unique insight into what it means for them. While some individual conceptualisations were lacking in sophistication when compared with others, they still contributed, in that each child's ability to consider, reflect and communicate a concise definition of wellbeing evolved from their initial conceptualisation. There was no requirement or pre-requisite in the research design for the choice of language or nominated definitions to contain a certain level of sophistication. It could be argued that because wellbeing is considered complex yet common-sense, a definition that utilises clear and simple language may be better suited to more fully describe it.

In each session, the children were able to categorise the sometimes-abstract aspects that had been identified by other individuals within the group. This illustrates their capacity to think more deeply about issues that they may or may not be fully informed about, particularly when many in the first session reported they had not heard of the word. It is apparent that children are better able demonstrate their capacities when they are assured sufficient time to explore and discuss the various aspects of complicated topics. When they are provided the time to do so, they can present information of increasing richness and depth.

Those children who reported they had not heard the word wellbeing before may have engaged in a process of decoding the word prior to offering a response. To achieve this, they would have needed to decode *wellbeing* as opposed to *wellness* in order to make sense of the construct. Engaging in this process aligns with Piaget's concrete operational

reasoning (Piaget, 1954; Woolfolk & Margetts, 2013) where the children's responses move from concrete to abstract as they engage in deconstructing wellbeing in each session. This in turn illustrates the children's capacity to effectively engage with a conceptually difficult topic. The children independently deconstruct and make meaning of wellbeing as relevant for them, through their voiced conceptualisations. While there was little difference in the underlying themes across the three sessions, the sophistication of responses increased. The more time the children had to explore the notion of wellbeing, the more they were able to develop their understanding and attribute depth and meaning to the construct.

Even those children who reported they had not heard of the word before were nevertheless able to conceptualise it in a way similar to how it is considered by adults. Specifically, the children's conceptualisations refer to physical, social, psychological, cognitive, spiritual, environmental and economic elements that are agreed to be components of the overall construct of wellbeing in adult conceptualisations (Fraillon, 2004; Hattie, Myers & Sweeney, 2004; Hill, 2004; Keyes & Lopez, 2002; Pollard & Lee, 2003; Ryff & Singer, 1998; Schickler, 2005). The power of both the individual and collective voice in contributing to knowledge and understanding of how children experience various aspects of their lifeworlds is demonstrated.

The children's conceptualisations reflect an alignment with the construct across the disciplines relevant to children: health (Carlisle & Hanlon, 2008; Fattore, Mason & Watson, 2007), psychology (Diener, Lucas & Oishi, 2002; Keyes, 2006; Ryff & Singer, 1998), philosophy (Nussbaum, 2003; Sen, 1979) and education (Australian Catholic University & Erebus International, 2008; Fraillon, 2004). Adult conceptualisations of wellbeing are not being used to verify the children's perspectives: instead, the consistency between the adult and child conceptualisations not only suggests the validity of the children's responses but also extends the current knowledge base. The children's knowledge and understanding of the construct, as relevant for them, in many respects goes beyond the adult understandings presented in the literature. This presents further justification for seeking children's perspectives on matters that affect them.

The children conceptualise wellbeing in a holistic way that recognises the interplay between positive and negative aspects of life, being and experience that can coexist at any given time. The children's conceptualisations incorporate aspects from each of the adult

conceptualisations of the construct to present understandings of wellbeing that are more complex than can be readily considered from the perspective of any single discipline. They encompass more than just positive *wellbeing* or *wellbecoming* components, and instead consider wellbeing as informed by their prior experiences. This is in combination with their childhood as both *beings* and *becomings* that they can and have experienced in both positive and negative ways.

The specific themes emerging from the analysis reflect a focus on the self in a self-interested rather than self-egocentric way. It encompasses self-improvement, recognition and relationships with others, and is consistent in both group and individual responses. The focus on self is particularly evident in the formal definitions provided in the final sessions. The children highlight the importance of self-development, self-awareness friendships, and the ability to cope with adversity, in maintaining, building and responding to various threats to their wellbeing. This focus on ‘self’ has been noted in other studies of wellbeing for children of this age, as discussed in the literature review (Fattore, Mason & Watson, 2007; NSW Commission for Children and Young People, 2009). However, reinforcing the importance of gathering children’s perspectives over time, in this study the focus on self only gained prominence in the children’s final and formal definitions: while they discussed ‘self’ elements in their general descriptions, it was only in their formal definitions that the children emphasised the importance of the self for wellbeing.

Based on the key results in this study, a number of implications for adults, policymakers and teachers are apparent. The children’s demonstrated capacity to conceptualise and make meaningful contributions to discussions surrounding complex topics such as wellbeing provide key insights into their lifeworlds and present a clear basis by which adults, policymakers and educators can include children’s perspectives on matters that affect them. The children’s perspectives illustrate concordance with adult knowledge but also provide a contextualised emphasis and illumination of other aspects of childhood. How adults perceive and respond to threats to children’s wellbeing may be better handled when informed by children’s perspectives. By first accepting their capacity and then actively including children’s voices, an additional perspective is offered when adults make decisions about children’s best interests.

The benefits for both adults and children if contemporary decision making practices move to such an inclusive framework is in three key fields. At a personal and local level, support services for children would reflect a direct relevance to their expressed wellbeing needs. Seeking, valuing and acting on children's contributions in a way that respects their role as citizens can empower children as active participants in their own lives. At a political level, including children's perspectives would significantly support the actualisation of children's participation rights as mandated in the UNCRC (United Nations, 1989). Thirdly, at the theoretical level children's expressed views may lead to the development or refinement of theory, particularly in the wellbeing literature.

Wellbeing is widely identified as a topic that is difficult to define (Crivello, Camfield & Woodhead, 2009; La Placa, McNaught & Knight, 2013; Pollard & Lee, 2003) and as such, the alignment of the children's conceptualisations of wellbeing in this study with adult conceptualisations presented in the literature highlights a key opportunity for adults. Including children's perspectives provides a perspective on a topic in which both adults and children have significant investment. Ensuring children's wellbeing is enhanced will not only aid in enabling them to experience a more optimistic childhood, but equip them with some of the necessary skills to assist in a successful and less stressful transition to adulthood (Sargeant, 2008).

Children's perspectives

The children communicated their thoughts and conceptualisations of wellbeing through written, spoken and drawn mediums. The children knew what they wanted to say about wellbeing and how they wanted to communicate this information to the researcher: *'can I do mine as a dot painting? Do you have the right paints?'* (Neve, age 8). The children showed a willingness to communicate this information although the researcher had nothing to offer in return except a chance for their ideas and opinions to be heard –something that the children were not used to adults affording them.

When the children raised adults as a topic during the discussions, there was scepticism and disbelief that most adults would listen to them, let alone take their ideas and perspectives seriously: *'[adults] tell you to do stuff because they feel that's the right way, but they never actually ask you what you think is the right way ... ask the kids what they think instead of telling them to do something'* (group E5 discussion), *'I dunno, they [adults] probably wouldn't listen (all children*

in the group laugh)’ (group E7 discussion). These comments reflect the children’s frustration at not being consulted in matters that affect them, and at how adults tend not to listen to them or take what they say seriously (Hill 2006).

As identified in other studies (Fattore, Mason & Watson, 2007; NSW Commission for Children and Young People, 2009), children identify agency as a key feature contributing to their positive wellbeing. This reiterates the importance of inviting children to participate in conversations about their lives, because children *want* to participate and they want to be taken seriously. The children’s decision to continue participating in the research sessions even when they coincided with their ‘free-time’/playtime or with subjects they enjoyed: *‘If this is boring, then we want to go out and play during the lunchbreak instead’* (James, age 8), emphasises the importance they placed on the opportunity to be heard. It could also reflect the nature of conducting research in a school context and the effect that existing power dynamics have on inhibiting the children’s power and informing the decisions they made in choosing to participate in the research.

While the children were willing to participate, the onus was on the researcher to respect their wishes. It was important that the researcher authentically and transparently sought to enable their participation, as children are unwilling to engage fully with tokenistic or irrelevant approaches (Lundy & McEvoy, 2012). James’s comment above is one example of the children’s willingness to participate in research activities and share their perspectives even when an alternate activity might be more desirable (Hill, 2006). The children exhibited confidence in telling a stranger (researcher) *how* they would participate and whether they would participate at all (Sargeant & Harcourt, 2012). The children expressed that it was important for adults to know their perspectives on the matters discussed throughout the sessions:

I think that you, like adults need to know this stuff... you should address them [the questions] to the adults, not just kids and say ‘this is what your kids have said’ and then they’d say ‘oh, I didn’t know that they felt that way, I thought they wanted me to be there to always say what they needed to do, because they can’t think for themselves’. But really, we have our own opinion in our mind and we know what’s right and we know what’s wrong and I think they should let us express it in the way that we think is right. (discussion group E5)

This comment reflects an optimism that adults (if given a chance) will change their perceptions of children and their capacity once they are made aware of children's meaningful contributions. In addition, it reveals the children's desire to express themselves by the media of their own choice, as stipulated by Article 13 of the UNCRC (United Nations, 1989). Other links with the UNCRC are evident in this commentary, including, Articles 3 (best interests), 12 (right to be heard) and 13 (right to choose form of expression).

Through the course of discussions about and conceptualisations of wellbeing, the children presented a picture of how they experience being a child. Informal pre-session conversations provide some hints why these children might have chosen to continue participating in the research. One child said, *'I never get picked for these types of things which is why I really wanted to do it, even though it's during my favourite subject'* (Tiana, age 12; personal communication). Being invited to have a say, to have adults genuinely seek their views, opinions and contributions about matters that affect their lives, was consistently indicated by the children as important.

Over the course of the study, two children (from different groups) opted out of one session but expressed a desire to remain in the study: *'I'm sorry, but I'm just very busy today, come and find me on another day when I'm not as busy'* (Erica, age 11; personal communication). These children indicated through their voluntary participation and continued support and involvement in the project that having their opinions sought and being listened to was important to them.

Children have voice, as evidenced in this study and other research (Corsaro, 2011; James & Prout, 1997; Harcourt, Perry & Waller, 2011; Lundy, 2007; Lundy & McEvoy, 2012; Mayall, 2002, 2013; United Nations, 1989). They enable their participation in different ways, such as by the processes they used in the group analysis tasks. Some groups chose to categorise each theme together while others physically spilt themselves into sub-groups. The children regulated and organised themselves and allocated particular themes to different people so that when an item was put forward, it could be discussed: *'is it sort of what we just put down – like anyway we want about our wellbeing'* (Erica, age 11). This method reflected the flexibility assigned to the research tasks by the researcher and the ways the children engaged with the sessions: *'I think these are good questions to ask people our age because*

... they just are! 'They make you think about the world' (group E4 discussion); 'they're good questions, I think they will help a lot and ... it makes me think a bit, like what sort of values I have and stuff like that' (group E5 discussion).

Research limitations

As with all research, there are potential limitations within this project, three of which are limitations of depth, time and generalisability.

Depth

The broad nature of the key elements of this research (wellbeing and childhood) offer significant problems in sufficiently narrowing and linking these general and distinct areas. In bringing two already very large and general topics together, the capacity for any one area or component to be explored in depth may be limited. While the intention of the study was to determine how tween children conceptualise wellbeing as a broad, general topic, it would have been interesting to explore the sub-themes and related elements in more detail. Maintaining a suitable balance between uncovering enough depth while staying on track (not tangent) and continually refocusing on the research question presented significant challenges.

Time

While a key finding of this research was the importance of giving/allowing time, it was also a limitation. The children were permitted by their schools to participate in the research for 30-40 minutes on each occasion, which was not always enough. The allocated times were negotiated with each school based on the perceived complexity of the tasks within the session, and also on the length of time that could be considered reasonable for an individual to be engaged in the one thing. While more time would have been useful, it is questionable whether any additional insights would have been obtained. The children might have become fatigued.

The first session took longer than initially anticipated or allowed for, and many of the post-brainstorm discussions were brief as time did not permit full exploration of the key ideas mentioned in the first session. While the researcher continually checked with the

children throughout the sessions ‘how are you going’, ‘would you like more time’ etc., any children who were fatigued by the tasks may have felt pressured by their peers who were still actively drawing or writing, to continue/not say anything to the researcher when they had had enough. The difficulty here is in design. While there was only one activity as the focus for each session, the level of engagement and subsequent time that each child chose to apply to each task differed. Perhaps the task could have been divided into shorter/smaller elements and revisited on another occasion: but that in itself would have changed the study and types of data generated.

Generalisability

The final limitation to be outlined is the issue of generalisability. As outlined in chapter 5, the findings of this research are not generalisable. While it was not an intention of the study to be generalisable, the similarity and consistency of the themes communicated by the children, and their apparent similarity to adult conceptualisations, make claims of generalisability very tempting. Realistically the western-centric perspective and focus on one educational region of south-east Queensland makes the results representative only of how these children conceptualise and define wellbeing. The inability to generalise the findings of this study has significant implications if seeking a universal application of them. The inability to generalise does not affect the validity of the results or findings, which still yield information that can be used to work towards development of a universal, generalisable understanding of wellbeing for children in a range of contexts.

Conclusion

A number of insights surrounding children’s perspectives of wellbeing were revealed in this chapter. The importance of including children’s perspectives in conversations about matters that affect them was emphasised; there is great potential to utilise and apply children’s contributions in practice. The inclusion of children’s perspectives on matters that affect them has been demonstrated to reveal layers of insight to adult understandings of how children conceptualise wellbeing. The discussion reveals a number of opportunities for future research and development; these are discussed in the next chapter.

Chapter 9: Conclusion

Introduction

This research began by positioning children as capable and considered children's perspectives as both valuable and important. Throughout the study, tweens perspectives on wellbeing were sought which, through the insights that they provide on this difficult topic, produced evidence that tweens and their perspectives can be trusted. It became apparent that the key themes identified by the children share similarities with the key themes of wellbeing identified in adult literature affirming the possibility for children's perspectives to be sought on other matters of importance to their lives to be a valuable pursuit. The apparent continuity between adults' and children's perspectives validates the assertion that children's communicated views on wellbeing can be taken seriously with opportunities for children's perspectives to be sought in other realms a viable option.

Through the children's conceptualisations, it is apparent that they have both a breadth and a depth of understanding that is not typically attributed to them. As the sessions progressed, the children revealed that they consider themselves at the core of the conceptualisation of wellbeing. They consider how becoming better people, developing confidence and general self-improvement, are pertinent for developing wellbeing, rather than focusing on selfish or materialistic elements. Through this research, a clearer understanding of the conditions under which children can demonstrate their capacity to engage with complex material and offer key insights that can inform adult perspectives is potentiated.

This final chapter focuses on presenting the key implications of the research for adults involved in children's lives. Suggestions for future research are provided to further the pursuit of finding ways to determine and cater for children's expressed needs in daily life.

Gathering children's perspectives

It is important to seek children's perspectives on matters relevant to their lives as children provide unique insight into their experienced lifeworlds. There are many benefits to gathering children's perspectives as evidenced through this research. For example, the

information provided by the children throughout this study both aligns with and adds to existing knowledge on wellbeing. As the initial discussions indicate, many of the children had not heard of wellbeing, let alone thought they knew what it meant. As children's voices and willingness to communicate with the researcher developed over the course of the three sessions, so did the depth and sophistication of their responses. This upholds Harcourt and Conroy's (2009) notion that children are sophisticated thinkers and communicators. Based on this knowledge, and in the face of evidence from other studies utilising sociological positioning, it is questionable why children's perspectives remain muted in matters that affect them (Adams, 2012; Fattore, Mason & Watson, 2007; Mayall, 2013).

As this project and other research shows, children are capable of considering and discussing many issues of varying complexity in meaningful and considered ways (Harcourt, 2012; Mayall, 2013; Phillips, 2010). This study exhibits children's capacity by demonstrating their ability to conceptualise and define wellbeing. In this case, their conceptualisations also contribute to the development of a definition of wellbeing as a process of accrual. The children's responses demonstrate that they can be considered capable thinkers and informants on matters that affect them and that their views and perspectives are valuable, particularly when seeking to understand various aspects of their lifeworlds.

Through this research, the importance of gathering tweens' conceptualisations on complex topics such as wellbeing is evidenced by the following key insights:

1. This research gave a platform for tweens to contribute to conversations about matters that affect their lives and demonstrate children's capacity. It provides a better understanding of the way children *experience* wellbeing.
2. Acknowledging children's capacity to conceptualise complex topics highlights the value of their perspectives. The availability of children's perspectives can offer those in policy and provision development an opportunity to expand their knowledge surrounding children's perspectives of their lived experiences.
3. This knowledge contributes to adult understandings of wellbeing and presents tweens' capacity to conceptualise complex constructs. The information obtained provides insight into and perspective on what is currently understood about the notion of wellbeing broadly, and also as it is relevant for children.

4. The children embraced the opportunity to express their views on a range of important issues related to a complex concept. Their focus showcased their cognisance of key elements of their life and world, in turn demonstrating their maturity and ability to think deeply about matters that affect them than has previously been attributed to them.

By gathering children's perspectives, adults will be better informed when implementing practices relating to matters that affect children. However, "securing change requires a culture shift ... in which children's views are not just valued and respected but seen to be integral and embedded within decision making" (Lundy, 2007, p. 939). To do this, there are a number of implications that should be considered by adults when making decisions that affect children's lives.

Implications for adults

During this study, the children exhibited their capacity to conceptualise issues such as wellbeing through brainstorming, ranking, rating, defining and discussing the topic. When these findings are applied to other contexts, they indicate a number of lessons. The children demonstrate a sophistication, a capacity to conceptualise, and a willingness to participate in the process, that lends weight to the notion that children are worth listening to. To do this effectively, the following principles for effective consultation with children were revealed in this research:

1. It is essential that children are afforded an appropriate amount of time to reflect on and engage with key issues upon which their perspectives are being sought.
2. Children *are* capable of conceptualising and discussing various aspects of complex issues that affect them, such as wellbeing. This emphasises children's capacity.
3. Children's perspectives can add layers of insight and meaning to complex issues that impact on the whole community and the current conditions of childhood.
4. Children's perspectives offer an alternative that is complementary to adult perspectives, and better represent the needs of this portion of society.
5. Children can be powerful key informants and competently involved in decision-making about matters that affect them.
6. When children are offered a choice of communication tools their ability to communicate their views with adults effectively is enhanced.

The concept of giving and allowing time is particularly important when seeking children's views and perspectives on a topic.

Giving time

The varying agendas of consultation and research sometimes do not permit 'time' to be fully considered beyond considering logistically the length of time that various parts of the research and data collection process are expected to take. This study demonstrated the importance of giving time through how each child's conceptualisation of wellbeing developed and became richer as the sessions progressed. The children's abilities to think about and communicate their ideas and perspectives on a difficult topic like wellbeing emphasises the importance of allowing time for children's ideas and thoughts to emerge beyond the surface level understandings. While the conceptualisations presented by the children in the earlier sessions still accurately represent what wellbeing is to them at that point in time, the children's capacity to conceptualise wellbeing in its complexity, as well as their capacity to develop this conceptualisation independently is apparent. As each child's conceptualisation developed in sophistication and coverage over the period of the study, their ability to conceptualise the complex topic of wellbeing was actualised when they were offered an appropriate time frame.

Their evolving conceptualisations present a picture of the child as having capacity and complexity in thought and an ability to communicate a developed understanding of wellbeing. Had data only been collected from a single session, the *process* of the children coming to a rich conceptualisation would likely not have occurred. Such process may be missed in research endeavours with children that do not provide them with enough time to think or engage with the topic (Einarsdottir, Dockett & Perry, 2009). It is these processes and the importance of giving time that are essential in ensuring the effectiveness of future consultation with children that seeks to elicit children's perspectives and provide a platform for their voices to be heard. Though providing opportunities for the children to reflect and provide a considered perspective on a single topic over a number of sessions, they were able to think more deeply and in a considered way about a difficult idea. This is transferable to other contexts where researchers may seek to determine children's views and perspectives on other matters of varying complexity.

Children's views and perspectives should be sought and included at all levels, particularly in the formulation and development of policy and provision that is designed to benefit them. As a directly relevant example, wellbeing policy and provision in Australia is typically implemented through schools and focuses on various aspects that have been broadly identified as relevant for wellbeing. These include healthy eating, fitness, and socio-emotional elements (Farrell, 2008; Hallem, 2009; Humphrey, Lendrum & Wigelsworth, 2010; Queensland Government, 2008; Watson, 2010). In each of these instances children's engagement, if sought at all, is limited to the role of passive recipient or evaluator of the service or provision. Increasingly in education, there are opportunities where children can be invited to contribute to the design of services provided for their benefit. Ensuring that each service is best suited to meet their expressed needs will enhance its likelihood of success. Future research should investigate *how* children can be included in policy development and provision with a view to identifying the 'new knowledge' that children's perspectives can add to adult understandings of contemporary childhood.

As evidenced by the results in this research, children's perspectives can and should be included in policy, provision and practice across a wide range of interest areas (Ben-Arieh, 2005, 2008; Camfield, Streuli & Woodhead, 2009; Fattore, Mason & Watson, 2007, 2009; Mashford-Scott, Church & Tayler, 2012). Consulting with children can be achieved as a regular part of education and life that does not need to be difficult or tokenistic.

Accepting children's perspectives

The evidence presented here *should* empower researchers to develop and explore a range of matters and issues affecting children, *with* children. Assumptions of children as having capacity (Lundy, 2007; Mayall, 2013; United Nations, 2009) must be maintained to ensure adults seeking children's perspectives obtain a greater understanding of what is important to children. It is imperative that further research is conducted that investigates tweens perspectives. Based on the existing literature and results of this study, it can be reasonably argued that there are few areas where tweens would not have the capacity to make a worthwhile contribution.

When considering contemporary practices, adults and the wider community need to accept that children have the capacity to contribute meaningfully to conversations about

matters that affect them both locally and globally. Adults must also be cognisant of the UNCRC, and seek to enact children's rights. Of primary consideration,

1. Adults must act (Article 5) to ensure that the best interests of the child (Article 3) are a primary consideration.
2. To determine what the best interests of the child are, their views and perspectives on all matters that affect them must be sought (Article 12)
3. Children should be enabled to express these views in matters of their choosing (Article 13).

It is not proposed that children's voices are sought to the exclusion or detriment of adult voices and opinions; instead it is necessary to include the perspectives of *all* stakeholders to ensure that policy, provision, services and outcomes are made most effective for meeting the needs of those involved.

The authentic inclusion of child voice in planning requires further investigation and consideration. There is work to be done to demonstrate the benefits of working with children so that the dominant perspectives of society can be altered and the mutual benefits of working with children to achieve shared goals can be recognised. Who better to comment on the current condition of childhood than children themselves?

Future research

In demonstrating children's capacity to conceptualise a difficult topic such as wellbeing, the children exhibited evidence of their capacity to conceptualise an issue of increasing complexity. There are a number of areas that would benefit from additional research in the future.

Understanding wellbeing

More needs to be discovered about wellbeing for children in different contexts. Similar themes emerged throughout the conceptualisations of wellbeing, from individual children and from different schools. This suggests transferability across contexts when conceptualising social issues. It would be interesting to investigate this further. Future research could investigate the perspectives of children from heterogeneous populations and contexts to obtain a clearer idea of their perspectives of any concept across different

contexts and situations. This will also enable the development of a definition for wellbeing to be tailored more accurately to wider contexts and situations.

Some analysts may also find it interesting that spirituality and beliefs were scarcely mentioned despite ‘life’ and ‘living’ being outlined by the children as integral to wellbeing. To this end, wellbeing for these children appears to be describing aspects that contribute to life and living. Positive and negative elements are considered, as well as how children and adults can respond to these in the face of adversity. This area may be interesting to in research that examines the relationship between life, living, spirituality and wellbeing.

Future research could also investigate children’s perspectives of wellbeing to further determine whether the views and themes outlined in this study are representative of Queensland tweens, Australian tweens, or tweens globally. The perspectives of children of all ages could be sought, particularly those under eight years of age, to determine how younger children conceptualise wellbeing and whether they have the capacity to do so. The results obtained in these and similar studies could be compared across contexts, locations, countries and gender, or expanded to include a quantitative component. Such breadth could aid in determining whether the themes identified in this research are unique to this group of tweens, or representative of the views and perspectives of all Australian children of tween age.

Achieving wellbeing

Children’s perspectives on how to achieve wellbeing should be sought. Seeking to determine how one could achieve wellbeing, or develop a set of criteria for enhancing wellbeing, provides an opportunity for the ideas presented in this chapter to be taken back to children for their input. Children’s capacity and depth of understanding is demonstrated in their conversations about wellbeing, and place them in a unique and important position where their ideas and perspectives can be further utilised. Children’s perspectives can then be sought, included and acted upon to establish a set of clear criteria for wellbeing enhancement in future studies.

Exploring the complexity of childhood

Children's perspectives on other complex matters that affect their lives must be determined. The complexity of the children's discussion when unpacking the difficult topic of wellbeing also serves to demonstrate the potential for their capacity to conceptualise other complex issues. These ideas could be taken further to argue for the inclusion of children's perspectives on a range of matters and social issues that affect them. The notion of wellbeing as described by the children exists in a state of continual and necessary conflict, battling for resolution. The management of these conflicting effects serves to establish the more readily observed, yet still subjective notions, of resilience, confidence, happiness and emotional stability.

Opportunities for voice

Children need to be provided more opportunities to contribute to conversations about matters that affect them. There are many avenues for future research in the area of understanding wellbeing for children, children's capacity and children's voice. Finding ways to convince adults to listen and include children's voices, as well as to actually include their perspectives in research more widely, lead in the right direction.

The children in this project recognised the limited opportunities they had to express themselves and provide opinions on matters of importance, particularly in school contexts. This could be addressed by encouraging adults involved with children's lives to seek their perspectives and take their views seriously. One way that this project has sought to assist in changing adult views is through its dissemination of the children's perspectives in national and international forums (Gillett-Swan, forthcoming; Swan, 2010, 2013a, 2013b; Swan & Sargeant, 2010a, 2010b, 2011a, 2011b, 2012a, 2012b)

Consulting directly with children and involving them in determining their wellbeing needs and how such an abstract topic could be conceptualised, served to benefit both the children and the adults trying to help them. Children's views and perspectives can be sought on complex issues; and the children *want* adults to take an interest in what they have to say. Choosing to seek and align with the perspectives of adults only may inhibit the potential effectiveness of any provision developed and implemented for children. Identifying how children can be included in policy and provision on matters that affect

them, as well as identification of what ‘new knowledge’ children add to adult understandings of the contemporary condition of childhood, would also be a worthwhile endeavour.

Research design

Flexibility should be included in research design so that it is more inclusive of children’s rights. In being provided opportunities to have their views and opinions heard, the children regulated and organised themselves within the research sessions. The children enacted their Article 12 and 13 participation rights (United Nations, 1989) by guiding the direction of their research and communicating in ways of their preference. This flexibility was inherent to the design of the research tasks devised by the researcher, and is something that should be enabled more often.

Future research with children should carefully approach the issue of time. Critical consideration of the researcher’s aims and objectives should be undertaken. Determining the extent to which the researcher is authentically seeking children’s voices will help to find a balance between structured time and session lengths, and the time required to let data emerge. While there is a place for both types of research in contributing to knowledge, the issue of time is an important consideration (Einarsdottir, Dockett & Perry, 2009) that is commonly overlooked.

Conclusion

Children’s understandings of the difficulties of modern childhood were revealed throughout this study. The exploration began by noting that modern childhood was indeed complex, and it was not initially apparent how children responded to this complexity. It soon became apparent that children’s response to the complexity of childhood is a complex act in itself. It was determined that the individual voices of children can be, and indeed are, often more powerful than the collective voice of children. It is because of this that the depth and complexity of children’s thoughts and conceptualisations of wellbeing must be fully recognised by adults.

Children’s capacities are revealed when they are provided with time and a choice of media to explore complex constructs and social issues. Children’s capacity has already been

proven to those aligning with the sociological perspective on childhood; however there are still some adults who are sceptical about children's capacity.

In education, most policy and provision for children is developed with what is thought to be in the best interests of children, yet very few are developed with the children's input. Children's capacity can be recognised and utilised in decision-making as parents and teachers draw upon the findings of this research to better understand children's potential. It is evident that children's perspectives should and can be taken seriously by adults. Children's commentary brings to light additional elements that are not often discussed or popularly considered within adult conceptualisations of complex concepts. For example, as revealed in this study, wellbeing for children may indeed be different to wellbeing for adults, an insight not possible without the inclusion of the child's voice. Excluding children's voices from documents pertaining to matters that affect their lives, such as wellbeing, renders those documents incomplete.

The depth and complexity presented through the children's conceptualisations developed over the course of the discussion, as did their nominated priorities and relevance of themes relating to wellbeing. Many adults make assumptions about children's capacities based on children's often limited vocabulary and verbal ability when compared to adults. However, by providing a range of ways for children to respond, children's voices are better able to be sought and acted upon. However, despite the dissemination of research that seeks to illustrate children's capacity across various issues that affect them, ultimately children will remain in a marginalised position: that is, until adults and the wider community start involving children and giving their views and perspectives due weight.

Children have the capacity to participate and conceptualise complex topics, such as wellbeing, in a meaningful way. Children are capable informants on their own lives and provide invaluable insight into the contemporary 'condition' of childhood. Both adults and researchers will benefit from realising the importance of considering not only how children are included, but also how their insights inform action. Recognition, elicitation and implementation of children's views are crucial to ensure the prosperity of future generations and to assure children's rights. This is the challenge that awaits.

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APPENDICES

Appendix A: Information Letter and Parental Consent Form



Australian Catholic University Limited, ABN 15 050 192 660
Brisbane Campus, 1100 Nudgee Road Banyo QLD 4014 Australia
PO Box 456 Virginia QLD 4014 Australia
CRICOS registered provider: 00004G, 00112C, 00873F, 00885B
Web: www.acu.edu.au

INFORMATION LETTER FOR PARENTS

Children's perspectives on Wellbeing - Research Project (Q2010 67)

Dear Parent,

As part of my PhD research with Australian Catholic University, I am seeking primary school children between the ages of 8 and 12 years old to volunteer to join a small discussion group on the topic of wellbeing.

This research is being conducted to gain a better understanding of how children perceive wellbeing and how educational provisions may be better developed to meet their needs. This research provides key information for adults and educational practitioners when planning personal development and wellbeing programs.

The groups will meet at school, during school hours for about 30 minutes. The discussions will be based on the students' individual answers to a brief questionnaire about their understanding of the concept wellbeing.

Participation in the discussion groups is completely voluntary and students can choose to withdraw from any part of the project at any stage. All discussion sessions will be audio and video recorded. It is not expected that the discussion will cause any distress to the children, however if any children do become upset during the project, they will be able to see the school counsellor.

At all times the identity of participants in this research will remain strictly confidential and all material produced during the sessions, including video recordings will be stored securely. Participant confidentiality, respect and privacy will be maintained at all times. No findings, which could identify any individual participant or the school will be published.

If you have any further questions or concerns about this study, please do not hesitate to contact me, Jenna Swan jkswan001@myacu.edu.au or my supervisors Dr Jonathon Sargeant jonathon.sargeant@acu.edu.au or Professor Deborah Harcourt deborah.harcourt@acu.edu.au. I have a current Blue Card "working with children check" and Queensland teacher registration.

This project has been approved by the Human Research Ethics Committee at Australian Catholic University (Q2010-67). Should you have any complaints concerning the manner in which this research is conducted, please contact the Chair of the Human Research Ethics Committee care of: Chair, HREC, C/- Research Services, Australian Catholic University, Brisbane Campus, PO Box 456, Virginia QLD 4014, Tel: +61 7 3623 7429. Any complaint or concern will be treated in confidence and fully investigated. The participant will be informed of the outcome.

If you approve of your child participating in this study, please complete the consent form attached and return it to your school. Your assistance in allowing your child to participate in this project is greatly appreciated.

Yours Sincerely

Jenna K. Swan
PhD Candidate
Faculty of Education – Australian Catholic University



Australian Catholic University Limited, ABN 15 050 192 660
Brisbane Campus, 1100 Nudgee Road Banyo QLD 4014 Australia
PO Box 456 Virginia QLD 4014 Australia
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Web: www.acu.edu.au

PARENT/GUARDIAN CONSENT FORM

Copy for Researcher

Children's perspectives on Wellbeing

Jenna Swan, Dr Jonathon Sargeant & Professor Deborah Harcourt

I ... (the parent/guardian) have read and understood the information provided in the Letter for Parents. Any questions I have asked have been answered to my satisfaction. I agree that my child, nominated below, may participate in this activity that involves completing a questionnaire and in-class discussions, realising that I can withdraw my consent at any time without adverse consequences. I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify my child in any way.

NAME OF PARENT/GUARDIAN:

SIGNATURE

NAME OF CHILD

SIGNATURE OF PRINCIPAL INVESTIGATOR

DATE:

PLEASE RETURN TO YOUR CHILD'S SCHOOL



Australian Catholic University Limited, ABN 15 050 192 660
Brisbane Campus, 1100 Nudgee Road Banyo QLD 4014 Australia
PO Box 456 Virginia QLD 4014 Australia
CRICOS registered provider: 00004G, 00112C, 00873F, 00885B

Web: www.acu.edu.au

PARENT/GUARDIAN CONSENT FORM

Copy for Participant

Children's perspectives on Wellbeing

Jenna Swan, Dr Jonathon Sargeant & Professor Deborah Harcourt

I ... (the parent/guardian) have read and understood the information provided in the Letter for Parents. Any questions I have asked have been answered to my satisfaction. I agree that my child, nominated below, may participate in this activity that involves completing a questionnaire and in-class discussions, realising that I can withdraw my consent at any time without adverse consequences. I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify my child in any way.

NAME OF PARENT/GUARDIAN:

SIGNATURE

NAME OF CHILD

SIGNATURE OF PRINCIPAL INVESTIGATOR

DATE:

PLEASE KEEP FOR YOUR RECORDS



Australian Catholic University Limited, ABN 15 050 192 660
 Brisbane Campus, 1100 Nudgee Road Banyo QLD 4014 Australia
 PO Box 456 Virginia QLD 4014 Australia
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Web: www.acu.edu.au

ASSENT OF PARTICIPANTS AGED UNDER 18 YEARS

I (the
participant aged under 18 years) understand what this research project
 is designed to explore.

What I will be asked to do has been explained to me.

I agree to take part in activities that involves completing a questionnaire
 and in-class discussions realising that I can withdraw at any time without
 adverse consequences.

NAME OF PARTICIPANT

SIGNATURE

DATE:

SIGNATURE OF PRINCIPAL
 INVESTIGATOR

DATE:

Appendix B: University Ethical Clearance (A)



Human Research Ethics Committee

Committee Approval Form

Principal Investigator/Supervisor: Dr Jonathon Sargeant Brisbane Campus
Co-Investigators: Professor Deborah Harcourt Brisbane Campus
Student Researcher: Ms Jenna Swan Brisbane Campus

Ethics approval has been granted for the following project:
 Children's perspectives on wellbeing

for the period: 3 February 2011 to 31 December 2012

Human Research Ethics Committee (HREC) Register Number: Q2010 67

The following standard conditions as stipulated in the *National Statement on Ethical Conduct in Research Involving Humans* (2007) apply:

- (i) that Principal Investigators / Supervisors provide, on the form supplied by the Human Research Ethics Committee, annual reports on matters such as:
 - security of records
 - compliance with approved consent procedures and documentation
 - compliance with special conditions, and
- (ii) that researchers report to the HREC immediately any matter that might affect the ethical acceptability of the protocol, such as:
 - proposed changes to the protocol
 - unforeseen circumstances or events
 - adverse effects on participants

The HREC will conduct an audit each year of all projects deemed to be of more than low risk. There will also be random audits of a sample of projects considered to be of negligible risk and low risk on all campuses each year.

Within one month of the conclusion of the project, researchers are required to complete a *Final Report Form* and submit it to the local Research Services Officer.

If the project continues for more than one year, researchers are required to complete an *Annual Progress Report Form* and submit it to the local Research Services Officer within one month of the anniversary date of the ethics approval.

K. Paschke

Signed: Date: 03.02.2011
 (Research Services Officer, McAuley Campus)

Appendix C: University Ethical Clearance (B)



17 September 2009

A/Prof Deborah Harcourt

Faculty of Health Sciences and Medicine Asst Prof Jonathan Sargeant/Jenna Swan Faculty of Humanities and Social Sciences Bond University

Dear Deborah, Jonathan and Jenna

Protocol No: RO1017

Project Title: Children's perspectives on wellbeing

Thank you for submitting the amendments as requested after a Full Review of your application. I am pleased to confirm that you have approval to proceed with your research. Please ensure that prior to commencement of your research you ensure that you have appropriate gatekeeper approvals.

It is important to remember that BUHREC's role is to monitor research projects until completion. The Committee requires, as a condition of approval, that all investigations be carried out in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Research Involving Humans and Supplementary Notes. Specifically, approval is dependent upon your compliance, as the researcher, with the requirements set out in the National Statement.

Additionally, approval is given subject to the protocol of the study being under taken as declared in your application, with amendments, where appropriate.

As you may be aware the Ethics Committee is required to annually report on the progress of research it has approved. We would greatly appreciate notification of the completed data collection process and the study completion date.

Should you have any queries or experience any problems, please liaise directly with Caroline Carstens early in your research project: Telephone: (07) 559 54194, Facsimile: (07) 559 51120, Email: buhrec@bond.edu.au.

We wish you well with your research project.

Yours sincerely

Dr Mark Bahr

Chair

Appendix D: Data Collection Tool/Survey

About you

- What is your name? _____
- How old are you? _____
- What grade are you in? _____
- Are you female or male? _____

- What rating would you give your wellbeing today?

Lowest					Middle					Highes t
0	1	2	3	4	5	6	7	8	9	10

What is the main reason for your rating?

Appendix E: Individual definitions for wellbeing

- Wellbeing is being cool with friends
- Wellbeing is Nothing
- Wellbeing is your sense of humour
- Wellbeing is my house and being happy
- Wellbeing is being healthy and eating healthy and exercise
- Wellbeing is walking, swimming, beach, party, dancing and talking
- Wellbeing is a good feeling when you're happy
- Wellbeing is good for you if I have fun
- Wellbeing is happy, sad, okay and scared
- Wellbeing is having a good time
- Wellbeing is a good feeling when you're happy
- Wellbeing is what you're doing to yourself and your health
- Wellbeing is:
 - when someone or something (aka me) is happy and/or healthy (mainly healthy, but you have to be happy)
 - a word (a nine letter word including 'is')
 - a conjunction
- Wellbeing is what keeps you healthy
- Wellbeing is something that will see what are the differences between you and others
- Wellbeing is playing
- Wellbeing is our health
- Wellbeing is happy things
- Wellbeing is dogs
- Wellbeing is good food, good mind, good think, good think, everything good thing
- Wellbeing is being a good painter
- Wellbeing is how good you are (behaviour)
- Wellbeing is your life and dreams
- Wellbeing is being healthy, feelings and having good things happen to you
- What you feel like, how healthy you are
- Wellbeing is happy things.
- Wellbeing is taking care for yourself and others also the plants and the earth
- Wellbeing is my health and fitness because that's what keeps me alive. My music and singing because it's academic and you can go far with it
- Wellbeing is having a good time
- Wellbeing is feelings and happiness
- Wellbeing is things that you like and need to live your life
- Wellbeing is:
 - a sophisticated word
 - a nine letter word.
 - what you think about yourself
- Wellbeing is feeling and being good, happy, angry, sad and having a good time